

# COMMERCIAL DRIVER APPLICATION

TYLER VAN LINES, LLC - 2003929

TYLER TRUCKING, LLC - 1251652

Email: [drive@tylertransport.com](mailto:drive@tylertransport.com)

Phone: 334-566-7474 Fax: 334-807-6096

Mailing Address: PO Box 121, Troy, AL, 36081

Physical Address: 776 Hudson St, Troy, AL 36079

LAST NAME, FIRST NAME:		SSN:		DOA:	
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**All portions of this application must be completed or it will not be considered. Please Print.**

An Equal Opportunity Employer

## APPLICANT INFORMATION

Date of Application:		Position Applied For:	
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Last Name:		First Name:		Mi:	
Date of Birth:		Social Security Number:			
Phone:		Email:			
Cell Phone Provider:		Date Available to Work:			

### PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed.

49 CFR 391.21(b)(3)

TYPE	STREET	CITY	STATE	ZIP CODE	# OF YEARS
<b>CURRENT</b>					
<b>MAILING</b>					
PREVIOUS					
PREVIOUS					
PREVIOUS					

### DRIVER'S LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past **three (3)** years.

49 CFR 391.21(b)(5)

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE
Current:				
Previous Held Licenses:				

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### EMPLOYMENT

Have you worked for Tyler Transport before?	Presently employed?
Expected Rate of Pay:	

### EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE: Y N
HIGH SCHOOL				<input type="checkbox"/> <input type="checkbox"/>
COLLEGE				<input type="checkbox"/> <input type="checkbox"/>
OTHER				<input type="checkbox"/> <input type="checkbox"/>
If you did not graduate from high school, did you obtain your GED?				Y <input type="checkbox"/> N <input type="checkbox"/>

### MILITARY EXPERIENCE

Check this box if none <input type="checkbox"/> .			
If yes, what is your status?	<input type="checkbox"/> Currently Active Duty/Reserves	<input type="checkbox"/> Retired	<input type="checkbox"/> Discharged
US Armed Forces Branch:		Rank at Discharge:	
From:		To:	
Any driving experience in the military?			

### DRIVING EXPERIENCE

391.21(b)(6)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE FROM	DATE TO

### TRAFFIC CONVICTIONS AND FORFEITURES

You must include all moving violations from the past **three (3)** years. Attach additional sheet if more space is needed.

391.21(b)(8)

DATE	OFFENSE	STATE
Check this box if none <input type="checkbox"/> .		

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### ACCIDENT RECORD

You must include all accidents occurred in the last **three (3)** years. You must submit accident reports for all accidents. *Attach additional sheet if more space is needed.*

391.21(b)(7)

DATE	NATURE OF ACCIDENT	STATE	CMV/ AUTO	VEHICLE TOWED? Y/N	INJURY OR FATALITY? Y/N	PREVENTABLE? Y/N
Check this box if none <input type="checkbox"/> .						

### EMERGENCY CONTACT INFORMATION

You must include two (2) emergency contacts.

NAME	PHONE NUMBER	RELATION

Additional information you want us to know in the event of an emergency?

### RECORD INFORMATION

*\* A conviction record will not necessarily be a bar to contracting. Such factors as the time of the offense and the seriousness and nature of the violation will be taken into account.*

Have you ever had any driver license suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any alcohol or drug related charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any misdemeanor, felony, drug or alcohol charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above questions, please include the date and describe circumstances below:

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## EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years).** Any gaps in employment in excess of one (1) month must be explained. You **MUST** include **ALL** phone numbers.

Start with the last or current position, including any military experience, and **work backwards** (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, and zip; and complete all other information.

### CURRENT (MOST RECENT) EMPLOYER

Company Driver     Owner Operator     Leased Driver     Self-Employed     Unemployed

FROM (MM/YYYY):	EMPLOYER NAME:		
	ADDRESS:		
TO (MM/YYYY):	POSITION:	PHONE:	
	REASON FOR LEAVING:	SALARY:	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

### PREVIOUS EMPLOYER

Company Driver     Owner Operator     Leased Driver     Self-Employed     Unemployed

FROM (MM/YYYY):	EMPLOYER NAME:		
	ADDRESS:		
TO (MM/YYYY):	POSITION:	PHONE:	
	REASON FOR LEAVING:	SALARY:	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

### PREVIOUS EMPLOYER

Company Driver     Owner Operator     Leased Driver     Self-Employed     Unemployed

FROM (MM/YYYY):	EMPLOYER NAME:		
	ADDRESS:		
TO (MM/YYYY):	POSITION:	PHONE:	
	REASON FOR LEAVING:	SALARY:	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

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FROM (MM/YYYY):	EMPLOYER NAME:		
	ADDRESS:		
TO (MM/YYYY):	POSITION:	PHONE:	
	REASON FOR LEAVING:	SALARY:	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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FROM (MM/YYYY):	EMPLOYER NAME:		
	ADDRESS:		
TO (MM/YYYY):	POSITION:	PHONE:	
	REASON FOR LEAVING:	SALARY:	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

### PREVIOUS EMPLOYER

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	ADDRESS:		
TO (MM/YYYY):	POSITION:	PHONE:	
	REASON FOR LEAVING:	SALARY:	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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FROM (MM/YYYY):	EMPLOYER NAME:		
	ADDRESS:		
TO (MM/YYYY):	POSITION:	PHONE:	
	REASON FOR LEAVING:	SALARY:	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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FROM (MM/YYYY):	EMPLOYER NAME:		
	ADDRESS:		
TO (MM/YYYY):	POSITION:	PHONE:	
	REASON FOR LEAVING:	SALARY:	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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FROM (MM/YYYY):	EMPLOYER NAME:		
	ADDRESS:		
TO (MM/YYYY):	POSITION:	PHONE:	
	REASON FOR LEAVING:	SALARY:	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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## DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

### DISCLOSURE

Tyler Van Lines, LLC and/or Tyler Trucking, LLC may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for Tyler Van Lines, LLC and/or Tyler Trucking, LLC. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

### AUTHORIZATION

I hereby authorize Tyler Van Lines, LLC and/or Tyler Trucking, LLC to obtain the consumer reports described above about me.

Applicant Name:	
Applicant Signature:	
Date:	

## OTHER DISCLOSURES, ACKNOWLEDGMENTS, AND AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

### DISCLOSURES

#### *Investigative Consumer Report:*

Tyler Van Lines, LLC or Tyler Trucking, LLC (the "Company") may request an investigative consumer report about you from HireRight, LLC ("HireRight"), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

#### *Ongoing Authorization:*

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

#### *Summary of Rights under the Fair Credit Reporting Act:*

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

#### *HireRight Privacy Policy:*

Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

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### AUTHORIZATION

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

Applicant Name:	
Applicant Signature:	
Date:	

### PLEASE READ AND SIGN BELOW:

This certifies that this application was completed by me and that all entities on it and information in it are true and complete. Further, if any false, incomplete or misleading statements of representation are detected, and irrespective of the duration of my contract with Tyler Van Lines, LLC/Tyler Trucking, LLC as stated herein shall be sufficient grounds for termination of contract.

Applicant Name:	
Applicant Signature:	
Date:	



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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Subject: Conditional Offer of Contract Agreement**

Dear: \_\_\_\_\_

I am pleased to make you this conditional offer of contract with *Tyler Van Lines, LLC/Tyler Trucking, LLC*.

All hired individuals are initially hired under probationary circumstances for the first ninety days of driver's contract.

This contract agreement offer is conditional on your submission of a completed and signed application and upon subsequent satisfactory completion of an education, business, and personal background check from your application, resume', and references.

This offer is also conditional on subsequent acceptable results of a medical examination and a pre-employment Controlled Substance Test. These examinations are required of all new employees and independent contractors to comply with the Federal Motor Carrier Safety Regulations and/or company policy.

All offers of employment and all continued employment with the company are mutually understood to be "employment at will". This means either the employer or the employee may terminate your contract at any time, for any reason, with or without notice. It is also understood that no manager or representative of the company has any authority to make any agreement contrary or to make any commitment for employment for any specified period of time.

If this employment offer/contract agreement is acceptable to you, please sign below and return the original to the company. Your signature is acceptance of the conditions contained herein and acknowledgement you have read and do understand all content of this document.

Sincerely,

*Kimberly Paul*

*Tyler Van Lines, LLC/Tyler Trucking, LLC*

I, the undersigned, have read and acceptance this offer on this date:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# TYLER TRANSPORT, LLC

TYLER VAN LINES, LLC - 2003929

TYLER TRUCKING, LLC - 1251652

P.O. BOX 121, TROY, AL 36081 • 776 HUDSON STREET, TROY, AL 36079 • 334-566-7474

*This document is property of Tyler Transport, LLC. Nothing is to be duplicated or shared without permission.*

## DISCLOSURE AND AUTHORIZATION FOR PSP REPORT

### IMPORTANT DISCLOSURE

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

### REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Tyler Van Lines, LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

### AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Tyler Van Lines, LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Applicant Name:	
Applicant Signature:	
Date:	

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

# SAFETY PERFORMANCE HISTORY REQUEST

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TYLER VAN LINES, LLC - 2003929

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## SAFETY PERFORMANCE HISTORY RECORDS REQUEST – 391.23 ACCIDENT HISTORY & DRUG AND ALCOHOL HISTORY

FMCSR 391.23 requires an investigation into a driver applicant's previous employment record when seeking employment with a new motor carrier. This investigation must be completed within 30 days of employment, and may be by personal interviews, telephone interviews, letters, or any other method that the carrier deems appropriate. A written record must be made with request to each employer who driver worked for during the **last three years**. The record must include the employers name and address, the date of contact, and comments made as to the driver's past record. The written record shall be retained in the driver's qualification file. FMCSR 382.413 requires an investigation into a driver applicant's past conduct as relates to drug and alcohol testing programs he/she may have been involved in while employed with your company. In compliance with this regulation please furnish this information as soon as possible. In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

I,

APPLICANT NAME (PRINT):	
APPLICANT SIGNATURE:	
APPLICANT SOCIAL SECURITY NUMBER:	
APPLICANT DATE OF BIRTH:	
APPLICANT DATE OF APPLICATION:	

### HEREBY AUTHORIZE:

PREVIOUS EMPLOYER:	
ADDRESS:	
PHONE NUMBER:	
FAX NUMBER:	
EMAIL:	

**TO RELEASE AND FORWARD ALL INFORMATION REGARDING MY EMPLOYMENT, SERVICES, CHARACTER, HISTORY, DRUG AND ALCOHOL TESTING, AND CONDUCT WHILE IN YOUR EMPLOY. YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION TO:**

TYLER VAN LINES, LLC; ATTENTION: RECRUITING; 776 HUDSON STREET, TROY, AL, 36079; PHONE: 334-566-7474; FAX: 334-807-6096;  
EMAIL: [DRIVE@TYLERTRANSPORT.COM](mailto:DRIVE@TYLERTRANSPORT.COM)

### TO BE COMPLETED BY TYLER VAN LINES, LLC REPRESENTATIVE

#### FIRST ATTEMPT:

This form was:	<input type="checkbox"/> FAXED	<input type="checkbox"/> MAILED BY CERTIFIED LETTER	<input type="checkbox"/> EMAILED	<input type="checkbox"/> OTHER	
By:		Date:		Time:	

#### SECOND ATTEMPT:

This form was:	<input type="checkbox"/> FAXED	<input type="checkbox"/> MAILED BY CERTIFIED LETTER	<input type="checkbox"/> EMAILED	<input type="checkbox"/> OTHER	
By:		Date:		Time:	

#### THIRD ATTEMPT:

This form was:	<input type="checkbox"/> FAXED	<input type="checkbox"/> MAILED BY CERTIFIED LETTER	<input type="checkbox"/> EMAILED	<input type="checkbox"/> OTHER	
By:		Date:		Time:	

#### FINAL ATTEMPT:

This form was:	<input type="checkbox"/> FAXED	<input type="checkbox"/> MAILED BY CERTIFIED LETTER	<input type="checkbox"/> EMAILED	<input type="checkbox"/> OTHER	
By:		Date:		Time:	

### RECEIVED COMPLETED SAFETY PERFORMANCE HISTORY REQUEST:

Method Rec.:	<input type="checkbox"/> FAXED	<input type="checkbox"/> MAILED BY CERTIFIED LETTER	<input type="checkbox"/> EMAILED	<input type="checkbox"/> OTHER	
By:		Date:		Time:	

## SAFETY PERFORMANCE HISTORY REQUEST

TYLER VAN LINES, LLC - 2003929

TYLER TRUCKING, LLC - 1251652

Email: [drive@tylertransport.com](mailto:drive@tylertransport.com)

Phone: 334-566-7474 Fax: 334-807-6096

Mailing Address: PO Box 121, Troy, AL, 36081

Physical Address: 776 Hudson St, Troy, AL 36079

LAST NAME, FIRST NAME:	SSN:	DOA:
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PREVIOUS EMPLOYER:	
ADDRESS:	
PHONE NUMBER:	
FAX NUMBER:	
EMAIL:	

SAFETY PERFORMANCE HISTORY					
The applicant named above was employed by us?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Employed as:	
From:		From:		From:	
To:		To:		To:	

Did he/she drive a motor vehicle for you?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, what type?	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tractor-Trailer	<input type="checkbox"/> Bus	<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Doubles/Triples
<input type="checkbox"/> Other (Specify) –					
Reason for Leaving:	<input type="checkbox"/> Discharged	<input type="checkbox"/> Resignation	<input type="checkbox"/> Lay Off	<input type="checkbox"/> Military Duty	
Other/Remarks:					
Eligible for Rehire:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Upon Review	Why:	
If there is NO safety performance history to report, check here <input type="checkbox"/> , sign below and return. If yes, continue.					

Driver Class:	<input type="checkbox"/> Company	<input type="checkbox"/> Owner-Operator	<input type="checkbox"/> Driver for O/O	<input type="checkbox"/> Cargo Tank
Type:	<input type="checkbox"/> Solo	<input type="checkbox"/> Team	<input type="checkbox"/> Student	<input type="checkbox"/> Other
Area Driven:	<input type="checkbox"/> OTR	<input type="checkbox"/> Regional	<input type="checkbox"/> Local	<input type="checkbox"/> Other
Experience:	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Dry Van	<input type="checkbox"/> Reefer	<input type="checkbox"/> Tanker
	<input type="checkbox"/> Intermodal	<input type="checkbox"/> Double/Triple	<input type="checkbox"/> Other	

ACCIDENT & INCIDENT HISTORY					
Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver. You may include non-register incidents.					
Date:	Location:	# of Injuries:	# of Fatalities:	Hazmat Spill:	DOT Recordable:

## SAFETY PERFORMANCE HISTORY REQUEST

TYLER VAN LINES, LLC - 2003929

TYLER TRUCKING, LLC - 1251652

Email: [drive@tylertransport.com](mailto:drive@tylertransport.com)

Phone: 334-566-7474 Fax: 334-807-6096

Mailing Address: PO Box 121, Troy, AL, 36081

Physical Address: 776 Hudson St, Troy, AL 36079

LAST NAME, FIRST NAME:	SSN:	DOA:	
PREVIOUS EMPLOYER:			
ADDRESS:			
PHONE NUMBER:			
FAX NUMBER:			
EMAIL:			

### DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign and return.

Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has this person committed other violations of Subpart B or Part 382, or Part 40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
In answering these questions, include any required DOT drug and alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date of this applicant.		

Any Additional Remarks Regarding Applicant:

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Verified By (Print):	
Signature of Verifier:	
Date of Verification:	
Phone:	
Email:	

THIS IS THE FINAL PAGE OF THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST FORM. PLEASE RETURN AT SOON AS POSSIBLE.

# TYLER TRANSPORT, LLC

TYLER VAN LINES, LLC - 2003929

TYLER TRUCKING, LLC - 1251652

P.O. BOX 121, TROY, AL 36081 • 776 HUDSON STREET, TROY, AL 36079 • 334-566-7474

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**TYLER TRANSPORT, LLC****TYLER VAN LINES, LLC - 2003929****TYLER TRUCKING, LLC - 1251652**

P.O. BOX 121, TROY, AL 36081 • 776 HUDSON STREET, TROY, AL 36079 • 334-566-7474

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>