



CERTIFICATION OF DRIVER EMPLOYMENT

Please complete this form and return to the PUCO for review prior to medical examination.

Email: MedWaiver@puc.state.oh.us
Fax: ATTN: PMC Coordinator (614) 466-2954
Questions: 877-709-0121
Mail: PUCO Transportation Department Provisional Medical Certification Coordinator
180 East Broad Street, 4th Floor Columbus, OH 43215-3793

Providing false or misleading information could result in the denial or cancellation of a Provisional Medical Certificate. If needed, please attach additional pages to the end of this document.

Driver's Information

1. Driver's Name: Last First M.I. Title: Sr., Jr., etc.
2. Driver's Address: Street Address County City State ZIP Code
3. Driver's Phone #: Home Fax Cell
4. Driver's Email: 5. Birthdate: MM / DD / YYYY
6. Operator's License #: 7. Issuing State: 8. CDL Class:
9. Endorsement(s) on Operator's License:

Current Employing Motor Carrier Information

10. Employing Motor Carrier:
11. Address: Street Address City State Zip Code
12. Phone #: Fax #:
13. Supervisor: (From) (To)
14. Current duties including types of commercial motor vehicles operated, weights, brakes etc.:
15. Do you currently drive a CMV for this employer? YES NO

## Employment History

List your motor carrier employment history starting with December 7, 1988 to the present. You must show that you were employed, self-employed, or in an occupation that required the operation of a commercial motor vehicle on, or before, December 7, 1988.

1. Employing Motor Carrier: \_\_\_\_\_

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

*Street Address*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Phone #: (    ) \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_

Supervisor: \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_

Duties including types of commercial motor vehicles operated, weights, brakes etc.:

\_\_\_\_\_  
\_\_\_\_\_

Did you drive commercial motor vehicle for this employer?      YES    NO  
      

2. Employing Motor Carrier: \_\_\_\_\_

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

*Street Address*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Phone #: (    ) \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_

Supervisor: \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_

Duties including types of commercial motor vehicles operated, weights, brakes etc.:

\_\_\_\_\_  
\_\_\_\_\_

Did you drive a commercial motor vehicle for this employer?      YES    NO  
      

3. Employing Motor Carrier: \_\_\_\_\_

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

*Street Address*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Phone #: (    ) \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_

Supervisor: \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_

Duties including types of commercial motor vehicles operated, weights, brakes etc.:

\_\_\_\_\_  
\_\_\_\_\_

Did you drive a commercial motor vehicle for this employer?      YES    NO

For additional entries, please use the same format and attach to the end of this document.

### Experience

1. List types of vehicles operated and years of experience:

Straight Truck (with gross vehicle weight rating): \_\_\_\_\_

Straight Truck with trailer (with gross combination weight rating): \_\_\_\_\_

Tractor-trailer combination: \_\_\_\_\_

Tractor with double / triple trailers: \_\_\_\_\_

Other (cargo tanks, pole trailers, van trailers, flatbeds, etc.): \_\_\_\_\_

\_\_\_\_\_

Type of brake systems (electric, hydraulic, air): \_\_\_\_\_

\_\_\_\_\_

2. List the types of (classes) of hazardous materials transported:

\_\_\_\_\_

\_\_\_\_\_

3. List all accidents in a commercial motor vehicle within the past 2 years:

\_\_\_\_\_

\_\_\_\_\_

4. List all moving violations for which a citation or warning was issued within the past 2 years:

\_\_\_\_\_

\_\_\_\_\_

5. Distance traveled in miles with your current employing motor carrier:

\_\_\_\_\_

\_\_\_\_\_

6. Describe the type(s) of cargo to be transported with the present motor carrier, including whether any of the cargo is a hazardous material:

\_\_\_\_\_

\_\_\_\_\_

### Disclaimer and Signature

By signing below, the driver is agreeing all information provided is complete and accurate.

( PRINT) Name of Driver

Signature of Driver

Date