



QB
CONTRACTING
COMMERCIAL LICENSE SUPPLEMENT

Class A, B or C: Name: _____ Date of Birth: _____
What year did you obtain your commercial license: _____
List all Accidents within the last 3 years: (if none, list none)

EMPLOYMENT HISTORY

Last 10 years (383.35) – You must account for gaps between employers or state unemployed, school, etc. If owner/operator, list carriers leased to:

Most recent first please:

1. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Phone: _____
Position Held: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? _____ Yes _____ No
Were you subject to 49CFR part 40 Controlled Substance and Alcohol Testing during this period? _____ Yes _____ No
Reason for Leaving: _____

2. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Phone: _____
Position Held: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? _____ Yes _____ No
Were you subject to 49CFR part 40 Controlled Substance and Alcohol Testing during this period? _____ Yes _____ No
Reason for Leaving: _____

3. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Phone: _____
Position Held: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? _____ Yes _____ No
Were you subject to 49CFR part 40 Controlled Substance and Alcohol Testing during this period? _____ Yes _____ No
Reason for Leaving: _____

4. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Phone: _____
Position Held: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? _____ Yes _____ No
Were you subject to 49CFR part 40 Controlled Substance and Alcohol Testing during this period? _____ Yes _____ No
Reason for Leaving: _____

5. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Phone: _____
Position Held: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? _____ Yes _____ No
Were you subject to 49CFR part 40 Controlled Substance and Alcohol Testing during this period? _____ Yes _____ No
Reason for Leaving: _____

6. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Phone: _____
Position Held: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? _____ Yes _____ No
Were you subject to 49CFR part 40 Controlled Substance and Alcohol Testing during this period? _____ Yes _____ No
Reason for Leaving: _____

7. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Phone: _____
Position Held: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? _____ Yes _____ No
Were you subject to 49CFR part 40 Controlled Substance and Alcohol Testing during this period? _____ Yes _____ No
Reason for Leaving: _____

49CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? _____ Yes _____ No

If yes, have you successfully completed the return-to-duty process? _____ Yes _____ No

If yes, documentation **MUST BE PROVIDED** before any safety-sensitive transportation function is performed.

APPLICANT'S SIGNATURE: _____ Date: _____, _____