

DS TRANSPORT INC.

Interstate driver qualification application | MC 1042791 | USDOT 3292353

1. Applicant identity and residence history

Complete every applicable field. Enter "None" or "N/A" where appropriate. Add signed, dated continuation sheets if needed; identify your name and section on each sheet. Download and save a copy before filling. Sign by hand or with a suitable PDF digital-signature tool.

Confidential when completed: includes SSN, birth date and license information. Do not upload to the public website or FormSubmit. Contact info@dstransport.us for a secure return method; do not email the completed application as an ordinary attachment.

Motor carrier: DS Transport Inc.

2399 Shoal Creek Dr, Pensacola, FL 32514

Applicant full legal name

Application date (MM/DD/YYYY)

Date of birth (MM/DD/YYYY)

Social Security number - full number required

Applicant phone

Applicant email

Addresses covering the entire preceding 3 years

1. Street address, city, state and ZIP (current address first)

From (MM/YYYY)

To (MM/YYYY or Present)

2. Street address, city, state and ZIP (current address first)

From (MM/YYYY)

To (MM/YYYY or Present)

3. Street address, city, state and ZIP (current address first)

From (MM/YYYY)

To (MM/YYYY or Present)

2. Licenses and driving experience

List every unexpired CMV license or permit. Also identify licenses or permits held in any other jurisdiction during the past 3 years for motor vehicle record inquiries. Attach additional entries as needed.

1. Issuing state / authority	License / permit number
Class, endorsements and restrictions	Expiration; dates held if expired
2. Issuing state / authority	License / permit number
Class, endorsements and restrictions	Expiration; dates held if expired
3. Issuing state / authority	License / permit number
Class, endorsements and restrictions	Expiration; dates held if expired

Nature and extent of motor vehicle operating experience

For each equipment type, describe equipment, dates operated, years, approximate miles and type of work. Include truck tractors, semitrailers, straight trucks, buses, full trailers or pole trailers as applicable.

Equipment types and extent of experience

Dry van / OTR years	Available start date

DS Transport position: dry van / OTR. Company minimum: 2 years of driving experience and a clean driving record. This application does not establish an employment or independent-contractor agreement.

3. Accidents, violations and license actions

Accidents: list ALL motor vehicle accidents in the preceding 3 years, regardless of fault or vehicle type. For each, give date, location, nature of accident, fatalities and personal injuries. Enter "None" if no accidents.

Date | Location | Nature / circumstances | Fatalities | Personal injuries

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Violations: list all non-parking motor vehicle law / ordinance violations for which you were convicted or forfeited bond or collateral in the preceding 3 years. Include date, location, offense and disposition. Enter "None" if none.

Date | Location | Offense | Conviction / bond forfeiture | Disposition

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License actions: state whether any license, permit or driving privilege has EVER been denied, revoked or suspended. Explain facts and circumstances in detail, with jurisdiction, dates, reason and reinstatement status. Enter "No denial, revocation or suspension" if none.

Complete statement of denials, revocations or suspensions

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4. Employment and commercial-driving history

List ALL employers in the preceding 3 years. For CDL / Part 383 CMV applicants, also list CMV-driving employers for the 7 years before that (10 years total). Include self-employment; explain unemployment and other gaps on page 7. Start with the most recent. Add copies of this page for more entries.

For each job in the past 3 years, answer both questions: were you subject to the Federal Motor Carrier Safety Regulations, and was the job a DOT safety-sensitive function subject to alcohol / controlled-substances testing under 49 CFR Part 40?

Employer / self-employment entry 1

Employer / business name

Street address, city, state and ZIP

Contact name / title

From (MM/DD/YYYY)

Position and CMV equipment operated

Subject to FMCSRs? Yes / No

Phone / email

To (MM/DD/YYYY or Present)

Reason for leaving

DOT safety-sensitive testing? Yes / No

Employer / self-employment entry 2

Employer / business name

Street address, city, state and ZIP

Contact name / title

From (MM/DD/YYYY)

Position and CMV equipment operated

Subject to FMCSRs? Yes / No

Phone / email

To (MM/DD/YYYY or Present)

Reason for leaving

DOT safety-sensitive testing? Yes / No

5. Employment and commercial-driving history

List ALL employers in the preceding 3 years. For CDL / Part 383 CMV applicants, also list CMV-driving employers for the 7 years before that (10 years total). Include self-employment; explain unemployment and other gaps on page 7. Start with the most recent. Add copies of this page for more entries.

For each job in the past 3 years, answer both questions: were you subject to the Federal Motor Carrier Safety Regulations, and was the job a DOT safety-sensitive function subject to alcohol / controlled-substances testing under 49 CFR Part 40?

Employer / self-employment entry 3

Employer / business name

Street address, city, state and ZIP

Contact name / title

From (MM/DD/YYYY)

Position and CMV equipment operated

Subject to FMCSRs? Yes / No

Phone / email

To (MM/DD/YYYY or Present)

Reason for leaving

DOT safety-sensitive testing? Yes / No

Employer / self-employment entry 4

Employer / business name

Street address, city, state and ZIP

Contact name / title

From (MM/DD/YYYY)

Position and CMV equipment operated

Subject to FMCSRs? Yes / No

Phone / email

To (MM/DD/YYYY or Present)

Reason for leaving

DOT safety-sensitive testing? Yes / No

6. Employment and commercial-driving history

List ALL employers in the preceding 3 years. For CDL / Part 383 CMV applicants, also list CMV-driving employers for the 7 years before that (10 years total). Include self-employment; explain unemployment and other gaps on page 7. Start with the most recent. Add copies of this page for more entries.

For each job in the past 3 years, answer both questions: were you subject to the Federal Motor Carrier Safety Regulations, and was the job a DOT safety-sensitive function subject to alcohol / controlled-substances testing under 49 CFR Part 40?

Employer / self-employment entry 5

Employer / business name

Street address, city, state and ZIP

Contact name / title

From (MM/DD/YYYY)

Position and CMV equipment operated

Subject to FMCSRs? Yes / No

Phone / email

To (MM/DD/YYYY or Present)

Reason for leaving

DOT safety-sensitive testing? Yes / No

Employer / self-employment entry 6

Employer / business name

Street address, city, state and ZIP

Contact name / title

From (MM/DD/YYYY)

Position and CMV equipment operated

Subject to FMCSRs? Yes / No

Phone / email

To (MM/DD/YYYY or Present)

Reason for leaving

DOT safety-sensitive testing? Yes / No

7. Gaps and continuation information

Applicant name

Explain periods not covered by employment entries (for example unemployment, education, military service or other activity). Include dates. Use this page for extra addresses, licenses, accidents, violations or history; name the section being continued. Attach more sheets when needed.

Dates, section reference and complete details

Continuation attachments are part of this application. Number your attachments and include your name and date on each. Complete the final certification after reviewing every page and attachment.

Number of attached continuation sheets

Date completed

8. Applicant notices and final certification

Prior-employer safety performance investigation notice

Before you submit: DS Transport Inc. may use the prior-employer information you provide and will contact previous employers to investigate safety performance as required by 49 CFR 391.23(d) and (e). Required drug/alcohol inquiries, consents and Clearinghouse procedures are handled separately.

Your rights concerning previous-employer information

If you had DOT-regulated employment in the preceding 3 years, you may review information supplied by previous employers, ask those employers to correct errors and resend corrections, and have a rebuttal attached if you cannot agree on accuracy.

Request review in writing from DS Transport Inc. when applying or no later than 30 days after starting work or being notified of denial. The carrier must provide the information within 5 business days after your request, or after it receives the records if later. Arrange receipt within 30 days after records are made available.

Send correction requests to the previous employer. It must correct and forward the data or advise disagreement within 15 days. Send a rebuttal to that employer for inclusion and forwarding within 5 business days. You may report failures to correct or include a rebuttal to FMCSA. See 49 CFR 391.23(i)-(j).

To request records from DS Transport: contact info@dstransport.us for secure delivery instructions. Do not include your SSN in an ordinary email.

Scope of this application

This is a driver qualification application, not a contract, waiver, medical questionnaire or blanket background-check authorization. Consumer-report disclosures / authorizations and DOT drug/alcohol consents are separate. Driver qualification and testing must be completed before driving where required. No worker classification is determined by this form.

Final applicant certification

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant printed name

Date signed (MM/DD/YYYY)

Applicant signature - sign by hand or PDF digital-signature tool

Signature required. An unsigned application is incomplete. Include all continuation sheets with the signed application.