

## Driver Qualification File Checklist

### Driver Qualification (DQ) File Checklist

At a minimum, the following items must be maintained on each driver. 49 C.F.R. 391.51. You may put a copy of this checklist in each driver file to remind you to obtain each item.

Name of Driver \_\_\_\_\_ SSN: \_\_\_\_\_

CDL State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_ Indorsements: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

<u>Added</u>	<u>Description</u>	<u>Required by</u>
<input type="checkbox"/>	Driver's Application for Employment	49 C.F.R. 391.21
<input type="checkbox"/>	Initial Inquiry to State Agencies - 3 Year Driving History	49 C.F.R. 391.23(a)(1) & (b)
<input type="checkbox"/>	Driver's Road Test Certificate Or Equivalent	49 C.F.R. 391.31
<input type="checkbox"/>	Annual Inquiries to State Agencies*	49 C.F.R. 391.25(a)
<input type="checkbox"/>	Annual Review of Driving Record*	49 C.F.R. 391.25(c)(2)
<input type="checkbox"/>	Medical Examiner's Certificate*	49 C.F.R. 391.43
<input type="checkbox"/>	Medical Waiver - If Applicable*	49 C.F.R. 391.49
<input type="checkbox"/>	Annual Driver's Certification of Violations*	49 C.F.R. 391.27
<input type="checkbox"/>	Other _____	_____
<input type="checkbox"/>	Other _____	_____

\* These items may be removed three years after the date of execution of the document. 49 C.F.R. 391.51(d)

#### Additional items required by other parts or sections

<u>Added</u>	<u>Description</u>	<u>Required by</u>
<input type="checkbox"/>	Driver Investigation History File (Must be kept in a secure location)	49 C.F.R. 391.53
<input type="checkbox"/>	Driver's Written Authorization to Investigate	49 C.F.R. 391.53(b)(1)
<input type="checkbox"/>	Responses to Inquires / or failure to obtain response	49 C.F.R. 391.53(b)(2)
<input type="checkbox"/>	Safety Performance History	49 C.F.R. 391.53(c)
<input type="checkbox"/>	Negative Pre-Employment Drug Test	49 C.F.R. 382.301
<input type="checkbox"/>	Entry Level Driver Training - If Applicable	49 C.F.R. 380.513
<input type="checkbox"/>	Hazardous Materials Training	49 C.F.R. 172.704
<input type="checkbox"/>	Other _____	_____
<input type="checkbox"/>	Other _____	_____

**Note: This form is provided as a suggested format for ensuring your DQ files are complete. A motor carrier does not need to have any form at all, but all required items must be in the DQ file.**