1. Applicant identity and residence history

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

> Confidential when completed: this application includes your SSN, birth date and license information. Do not submit it through the website's Quick Apply form, and do not email it as an ordinary attachment. Contact info@dstransport.us and we will arrange a secure way to return it.

Motor carrier: DS Transport Inc.
2399 Shoal Creek Dr, Pensacola, FL 32514

Applying as

☐ Company driver ☐ Owner-operator

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 (current address first)

1. Street address, city, state and ZIP

From (MM/YYYY)

To (MM/YYYY or Present)

2. Street address, city, state and ZIP

From (MM/YYYY)

To (MM/YYYY or Present)

3. Street address, city, state and ZIP

From (MM/YYYY)

To (MM/YYYY or Present)

2. Licenses and driving experience

List every unexpired CMV license or permit. Also list 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 date (or dates held, if expired)

2. Issuing state / authority

License / permit number

Class, endorsements and restrictions

Expiration date (or dates held, if expired)

3. Issuing state / authority

License / permit number

Class, endorsements and restrictions

Expiration date (or dates held, if expired)

Nature and extent of motor vehicle operating experience

For each equipment type, give the 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

> Position: dry van / OTR, all 48 states. Requirements: Class A CDL, at least 2 years of driving experience and a clean driving record. This application does not create 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 the date, location, nature of the accident, fatalities and personal injuries. Enter "None" if no accidents.

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

Violations: list all motor vehicle law or ordinance violations (other than parking) 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

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

Complete statement of denials, revocations or suspensions

4. Employment and commercial-driving history

List ALL employers in the preceding 3 years. CDL applicants: also list CMV-driving employers for the 7 years before that (10 years total). Include self-employment; explain gaps on page 7. Start with the most recent. Copy this page for more entries.

Employer / self-employment entry 1

Employer / business name

Street address, city, state and ZIP

Contact name / title

Phone / email

From (MM/DD/YYYY)

To (MM/DD/YYYY or Present)

Position and CMV equipment operated

Reason for leaving

Subject to the FMCSRs (Federal Motor Carrier Safety Regulations)?

☐ Yes ☐ No

DOT safety-sensitive job with drug / alcohol testing (49 CFR Part 40)?

☐ Yes ☐ No

Employer / self-employment entry 2

Employer / business name

Street address, city, state and ZIP

Contact name / title

Phone / email

From (MM/DD/YYYY)

To (MM/DD/YYYY or Present)

Position and CMV equipment operated

Reason for leaving

Subject to the FMCSRs (Federal Motor Carrier Safety Regulations)?

☐ Yes ☐ No

DOT safety-sensitive job with drug / alcohol testing (49 CFR Part 40)?

☐ Yes ☐ No

5. Employment and commercial-driving history

List ALL employers in the preceding 3 years. CDL applicants: also list CMV-driving employers for the 7 years before that (10 years total). Include self-employment; explain gaps on page 7. Start with the most recent. Copy this page for more entries.

Employer / self-employment entry 3

Employer / business name

Street address, city, state and ZIP

Contact name / title

Phone / email

From (MM/DD/YYYY)

To (MM/DD/YYYY or Present)

Position and CMV equipment operated

Reason for leaving

Subject to the FMCSRs (Federal Motor Carrier Safety Regulations)?

☐ Yes ☐ No

DOT safety-sensitive job with drug / alcohol testing (49 CFR Part 40)?

☐ Yes ☐ No

Employer / self-employment entry 4

Employer / business name

Street address, city, state and ZIP

Contact name / title

Phone / email

From (MM/DD/YYYY)

To (MM/DD/YYYY or Present)

Position and CMV equipment operated

Reason for leaving

Subject to the FMCSRs (Federal Motor Carrier Safety Regulations)?

☐ Yes ☐ No

DOT safety-sensitive job with drug / alcohol testing (49 CFR Part 40)?

☐ Yes ☐ No

6. Employment and commercial-driving history

List ALL employers in the preceding 3 years. CDL applicants: also list CMV-driving employers for the 7 years before that (10 years total). Include self-employment; explain gaps on page 7. Start with the most recent. Copy this page for more entries.

Employer / self-employment entry 5

Employer / business name

Street address, city, state and ZIP

Contact name / title

Phone / email

From (MM/DD/YYYY)

To (MM/DD/YYYY or Present)

Position and CMV equipment operated

Reason for leaving

Subject to the FMCSRs (Federal Motor Carrier Safety Regulations)?

☐ Yes ☐ No

DOT safety-sensitive job with drug / alcohol testing (49 CFR Part 40)?

☐ Yes ☐ No

Employer / self-employment entry 6

Employer / business name

Street address, city, state and ZIP

Contact name / title

Phone / email

From (MM/DD/YYYY)

To (MM/DD/YYYY or Present)

Position and CMV equipment operated

Reason for leaving

Subject to the FMCSRs (Federal Motor Carrier Safety Regulations)?

☐ Yes ☐ No

DOT safety-sensitive job with drug / alcohol testing (49 CFR Part 40)?

☐ Yes ☐ No

7. Owner-operator equipment, gaps and continuation

Owner-operator equipment (complete only if applying as an owner-operator)

Tractor year, make and model

Tractor VIN

Registered owner (as shown on title / registration)

Plate number and state

Other equipment details (sleeper, ELD, current lease or authority)

Lease terms, insurance requirements and settlement details are provided separately.

Gaps and continuation information

Applicant name

Explain periods not covered by employment entries (for example unemployment, school, military service or other activity), with dates. Also use this space for extra addresses, licenses, accidents, violations or employers; name the section being continued.

Dates, section reference and complete details

Number of attached continuation sheets

Date completed

8. Applicant notices and final certification

Prior-employer safety performance investigation notice

DS Transport Inc. may use the prior-employer information you provide and will contact previous employers to investigate your 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 and authorizations and DOT drug/alcohol consents are separate. Driver qualification and testing must be completed before driving where required. This form does not determine worker classification.

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 with a PDF digital-signature tool)

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