

DRIVER QUALIFICATION AND IDENTIFICATION CERTIFICATE

(Driver's Name)

SSN

Address

City

State Zip

(Signature of Driver)

I certify that the above named driver, as defined in Sec. 390.5 is regularly driving a vehicle operated by the below named carrier and is fully qualified under Part 391, Federal Motor Carrier Safety Regulations. His current medical examiner's certificate expires on _____ .

This certificate expires:

(Date no later than expiration date of medical certificate)

Issued by

(Name of Carrier)

Issued on

(Date)

(Address)

(City)

(State)

(Zipcode)

(Signature)