

NOTICE OF DISQUALIFICATION - PART 383

In accordance with regulations as prescribed by the United States Department of Transportation, 49 CFR, Part 383, this employer has examined the record of the driver named below and determined that said driver is not properly qualified for driving a commercial motor vehicle. The disqualification code is shown below.

This notice issued to: _____ Date: _____
(Driver's Name)

(Driver's SSN)

(Driver's Address)

(City) (State) (Zip)

Period of disqualification

____ 1 Year ____ Lifetime other: _____
____ 3 Years ____ 60 Days _____
____ 10 Years ____ 120 Days

Violation Code: _____

____ Disqualified from driving effective _____, 2 0 ____ through date of _____, ____; after which DOT named driver shall request reinstatement in writing including corrective action taken regarding disqualification.

____ Termination of employment effective _____, _____.

- (1) Reinstatement of an employee is entirely at the discretion of the employer.
- (2) Any petition of application for employment shall be accompanied by statement as to qualification, and evidence of compliance with federal and state regulations.