



FMCSA
Safety Performance
Accident History

Authorization to
Release Information

For compliance
with Title 49 Code
of Federal
Regulations Part
391.23

Form 1021

PLEASE PRINT LEGIBLY

Prospective Employer: _____

Applicant: _____
Print Name Social Security Number Date of Birth

Please list previous DOT-regulated employers for whom you utilized your Class A or Class B license during the preceding three (3) years:
(Please fill out and sign a separate form for each employer)

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Dates of Employment: _____ Position: _____

[] Check this box if you have NOT performed DOT functions during the past three (3) years.

I hereby authorize release of information from my Department of Transportation driving and safety records by my previous employer(s), listed above to the prospective employer listed above. This information may also be released to the employer's authorized background check vendor Central Drug System, Inc (CDS). This release is in accordance with DOT regulation 49 CFR Part 391.23. The information to be released will include: a) general driver identification and employment verification information; b) information regarding any accidents, as defined by 49 CFR Part 390.5, that occurred in the previous three (3) years including date of the accident, city or town where the accident occurred, driver name, number of injuries, number of fatalities and whether hazardous materials, other than fuel spilled from the fuel tank, were released; and any accident records that are retained pursuant to 49 CFR Part 390.15(b)(2) or pursuant to an employer's internal policies for retaining more detailed minor accident information.

Applicant Signature Date

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Please complete the information below and return to us within 30 days, as required by 49 CFR Part 391.23 (g). You must keep a record of this request and the response for one year.

[] Check this box is no safety performance history to report, sign below and return

Did the applicant drive a commercial motor vehicle for your company? [] Yes [] No

If yes, what type of vehicle? [] Straight Truck [] Tractor-Semi Trailer [] Bus
[] Cargo Tank [] Doubles/Triples [] Other: _____

Reason for leaving your company: [] Discharged [] Resignation [] Lay Off [] Military Duty

Please complete the following for any accidents included on your accident register {49 CFR Part 390.15 (b)} that involved the applicant in the three (3) years prior to the application date shown above.

Table with 5 columns: DATE, LOCATION, # OF INJURIES, # OF FATALITIES, HAZMAT SPILL

[] Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information {49 CFR Part 391.23 (d)(2)(ii)}.

Name of Previous Employer Name of Person Completing Form Date

Signature Title

PLEASE FAX BACK TO: (714) 418-2028