

DRIVER QUALIFICATION & IDENTIFICATION CERTIFICATE

(NAME OF DRIVER)

(ID NO.)

(SIGNATURE OF DRIVER)

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

(DATE)

This certificate expires:

(DATE NOT LATER THAN EXPIRATION DATE OF MEDICAL CERTIFICATE)

Issued by _____ Issued On _____
(NAME OF CARRIER) (DATE)

(ADDRESS)

(SIGNATURE)

(TITLE)