

DRIVERS FURNISHED BY OTHER MOTOR CARRIERS

Driver's name: _____

Social Security Number: _____ - _____ - _____

Signature of Driver: _____

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

This certificate expires: _____ / _____ / _____
(Date not later than expiration date of medical certificate.)

Issued on: _____ / _____ / _____

Issued by: _____
(Name of carrier.)

Address of Carrier: _____

City: _____ State: _____ Zip Code: _____ - _____

Signature: _____

Title: _____