

DRIVER APPLICATION FORM

COMPANY NAME Teichert, Inc. and its Subsidiary Companies Location: Region/District/Branch _____

COMPANY ADDRESS 3500 American River Drive Sacramento, CA 95864
 Street City State Zip

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature _____ Date _____

NAME _____
 Last First Middle

Social Security Number (_____) Phone Number Date of Birth Hire Date

ADDRESS _____
 Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY _____
 Street City State Zip Number of Years

Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
 (month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | Yes | No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
 (month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | Yes | No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
 (month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | Yes | No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach – School Bus (Greater than 8 passengers)	N/A	_____	_____	_____
Motorcoach – School Bus (Greater than 15 passengers)	N/A	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____	_____

OR

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?	
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____ State _____ License Number _____ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? | Yes | No

If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? | Yes | No

If yes, give details _____

Applicant Certification

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Applicant’s Signature _____ Date

VOLUNTARY INVITATION TO SELF IDENTIFY

Teichert, Inc. and its subsidiary companies (herein referred to as "Teichert") is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, national origin or any other protected characteristics. We are therefore requesting information about gender and race in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will not be used for hiring, placement or any other decision relating to terms and conditions of employment.

Gender: Male Female

Race/Ethnic Identification: **Are you Hispanic or Latino?** Yes No

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If **NOT** Hispanic or Latino, select **ONE** of the following:

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. This includes a person having origins in Spain or Portugal

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Two or More Races (Not Hispanic or Latino) – A person who identifies with more than one of the above five races. This does not include Hispanic or Latino

Teichert is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN I CHOSE NOT TO PROVIDE THIS INFORMATION

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Printed Name: _____ Position Apply for: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Federal Motor Carrier Safety Administration

DRUG & ALCOHOL CLEARINGHOUSE



REGISTRATION: CDL DRIVERS

You must complete the registration process before you can respond to employer consent requests or access your driver record in the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse. The instructions below are for a driver who holds either a commercial driver's license (CDL) or commercial learner's permit (CLP).

Create a Login.gov Account

Accessing the Clearinghouse requires the creation of an account with login.gov, a shared service that offers secure online access to participating government systems, including the Clearinghouse. If you do not have a login.gov account, or would like to create a new one, you will need to follow the steps below.

During the login.gov registration process, after 15 minutes of inactivity, the current page will clear whatever information is entered into data fields.

1

Visit <https://clearinghouse.fmcsa.dot.gov/register> and click **Go to login.gov**.

The screenshot shows the FMCSA Drug & Alcohol Clearinghouse registration page. At the top, there is a navigation bar with the FMCSA logo and the text 'Federal Motor Carrier Safety Administration'. To the right of the logo are 'Register' and 'Login' buttons. Below the navigation bar is a dark blue header with 'DRUG & ALCOHOL CLEARINGHOUSE' and icons for 'FAQ', 'About', and 'Contact'. The main content area features a large heading: 'Register for the Clearinghouse now and be ready for implementation'. Below this heading is a graphic showing a person, a document, and a checkmark. Text below the graphic states: 'Authorized users must register to request access to information in the Clearinghouse. You will need to sign in with a login.gov account to begin your Clearinghouse registration.' A link is provided: 'Need a login.gov account? Click the link below to create your login.gov account.' A red box highlights the 'Go to login.gov' button. Below this is a section titled 'Why register now?' with the text: 'Don't wait! Registering now lets you complete the steps below so that you can be ready when the Clearinghouse is operational on January 6, 2020.' This section contains three cards: 'DRIVERS' (Enter your CDL information and confirm all information is accurate in our database.), 'EMPLOYERS' (Does a C/TPA manage your drug and alcohol testing program? Designate them today. Have an FMCSA Portal account? Link it with your Clearinghouse account.), and 'SAPS & MROS' (Invite Assistants from your company and get set up so you can record information as soon as the Clearinghouse is operational.).



2

On the login.gov sign in screen, click **Create an account**.

Or, if you already have a login.gov account, enter your email address and password on this screen, click **Sign In** and **go to step 10**.

The FMCSA Drug & Alcohol Clearinghouse is using login.gov to allow you to sign in to your account safely and securely.

Are you FMCSA or State Driver Licensing Agency personnel?
FMCSA enforcement and SDLA staff do not need to create a login.gov account to access the Clearinghouse. This includes staff from Departments of Motor Vehicles.
[Visit the Government User login](#)

Email address

Password Show password

Sign In

Don't have an account? **Create an account**

[Sign in with your government employee ID](#)

3

Enter your email address and click **Submit**. This is the email address the Clearinghouse will use to send you notifications about your Clearinghouse account. This email address will also be used to identify you in the Clearinghouse, and cannot be modified.

Are you FMCSA or State Driver Licensing Agency personnel?
FMCSA enforcement and SDLA staff do not need to create a login.gov account to access the Clearinghouse. This includes staff from Departments of Motor Vehicles.
[Visit the Government User login](#)

STEP 1 OF 4

Enter your email address

Email address

Submit

[Cancel](#)

[Security Practices and Privacy Act Statement](#)

4

Check your email and open the email from **no-reply@login.gov**, with the subject line **Confirm your email**.

Click **Confirm email address**, or copy and paste the link into a web browser.

LOGIN.GOV

Confirm your email

Thanks for submitting your email address. Please click the link below or copy and paste the entire link into your browser. This link will expire in 24 hours.

Confirm email address

https://www.login.gov/sign_up_email_confirmation?request_id=7c7404c-0000-44fa-a045-98ec5c5d5f3c&confirmation_token=qypG7-nNNQbu7f9T1y7A

Please do not reply to this message. If you need help, visit www.login.gov/help

[About login.gov](#) | [Privacy policy](#)



5

Create a password. This password must be at least 12 characters long. If the password you enter is not strong enough, you will not be able to continue. Enter a strong password and click **Continue**.

The screenshot shows the 'STEP 2 OF 4' screen titled 'Create a strong password'. It includes a confirmation message: 'You have confirmed your email address'. Below this, it states: 'It must be at least 12 characters long and not be a commonly used password. That's it!'. There is a 'Password' input field with a 'Show password' toggle. The password strength is indicated as 'Great!' with a green progress bar. A blue 'Continue' button is at the bottom. There are also links for 'Password safety tips' and 'Cancel account creation'.

6

Select an option to secure your account and click **Continue**.

Login.gov requires the completion of a user verification process to ensure the proper person is using those credentials. Follow the instructions for the method you select.

The screenshot shows the 'STEP 3 OF 4' screen titled 'First authentication method setup (1 of 2)'. It includes the instruction: 'Add a second layer of security so only you can sign in to your account.' Below this, it states: 'You'll only use one authentication method to sign in, but we ask you to set up two. This makes sure you can still sign in if you lose access to one.' There are five radio button options: 'Phone', 'Authentication application', 'Security key', 'Government employees', and 'I don't have any of the above'. Each option has a brief description. A blue 'Continue' button is at the bottom. There is also a link for 'Cancel account creation'.



7

Enter your security code and click **Submit**. This code will be provided via the method you selected. The screenshot below illustrates the SMS phone method.

LOGIN.GOV | DRUG & ALCOHOL
CLEARINGHOUSE

STEP 3 OF 4

Enter your security code

We sent a security code to +1 123-456-7890. This code will expire in 10 minutes.

One-time security code

Submit

Get another code Remember this browser

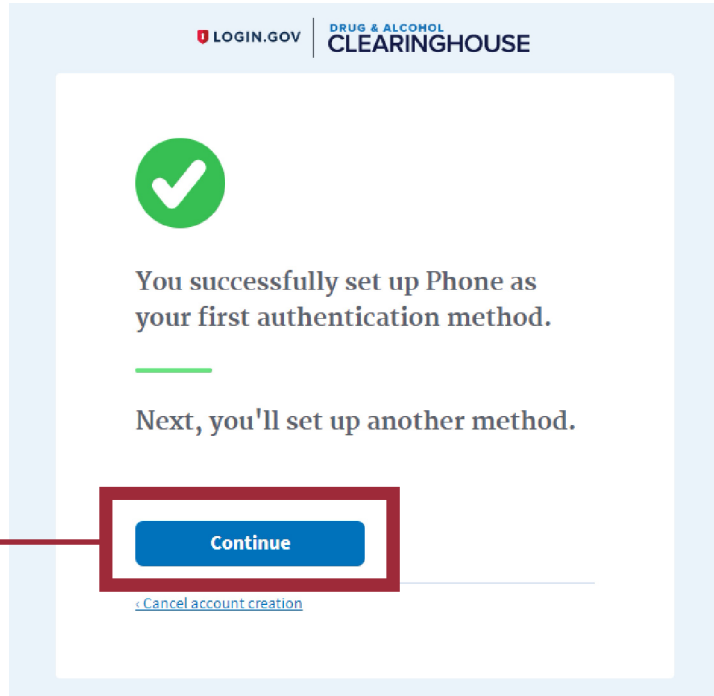
Entered the wrong phone number? [Use another phone number](#)

[← Choose another option](#)



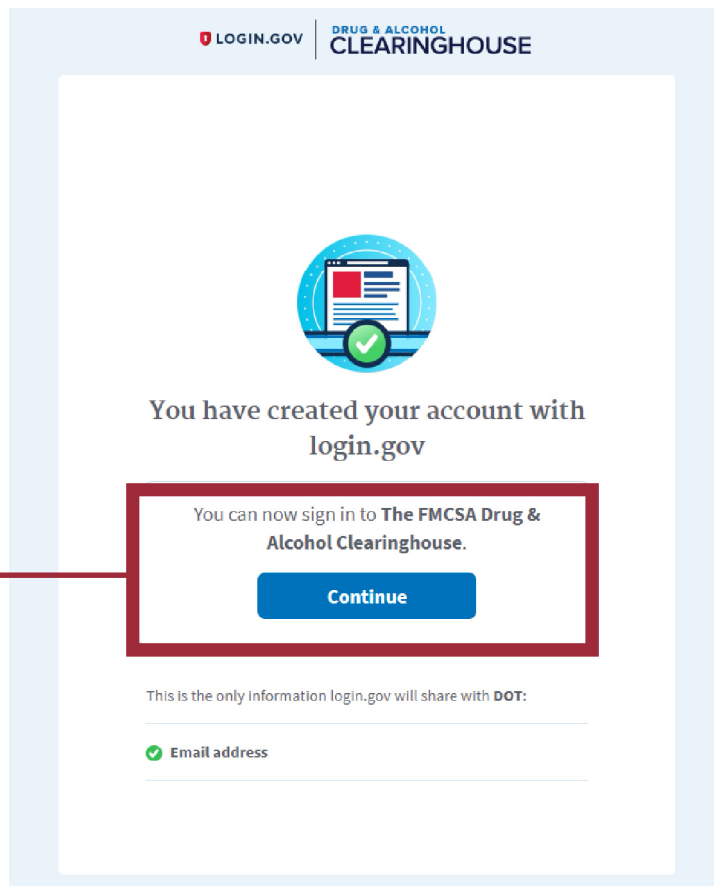
8

Once you have completed setting up your first authentication method, you will be prompted to set up a second authentication method. You'll only use one authentication method to sign in, but you will need to set up two methods in case you lose access to one. **Repeat steps 6 and 7 to set up your second method.**



9

You have created your login.gov account. Click **Continue** to return to the Clearinghouse website and complete your Clearinghouse registration.





Register for the Clearinghouse

Once you have a login.gov account, you can complete your registration in the Clearinghouse. Follow the steps below.

10

Select your role (**driver**), and click **Next**.

If you are a self-employed CDL driver, do not register as a driver. You will need to register as an employer and, when prompted, identify yourself as an owner-operator (that is, an employer who employs himself or herself as a CDL driver, typically a single-driver operation). [View the registration instructions for employers](#)

If you are unsure if you are covered by the Clearinghouse rule, see the box labeled “Are you covered by DOT Drug and Alcohol Testing Regulations?” and click **Find out**.



11

Enter your contact information and click **Next**. All fields are required unless otherwise noted. Your email address will be pre-filled with your login.gov username and cannot be modified.

United States Department of Transportation About DOT | Our Activities | Areas of Focus

FMCSA
Federal Motor Carrier Safety Administration [Register](#) [Login](#)

DRUG & ALCOHOL CLEARINGHOUSE [FAQ](#) [About](#) [Contact](#)

Do you need help? Download step-by-step instructions for driver registration.
¿Necesita ayuda? Descargue las instrucciones para el registro de conductores.

1 2 **3** 4 5

LOGIN.GOV ROLE SELECTION **CONTACT INFORMATION** CDL TERMS & CONDITIONS

3. Contact Information

Enter your contact information below. All fields are required unless otherwise noted.

Name/Phone/Email	Address (Physical)
First Name <input type="text"/>	Street <input type="text"/> City <input type="text"/>
Middle Name (Optional) <input type="text"/>	Country <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>
Last Name <input type="text"/>	Address (Mailing) <input checked="" type="checkbox"/> Same as Physical Address
Phone Number <input type="text"/> Type <input type="text"/>	
Alternate Phone Number (Optional) <input type="text"/> Type <input type="text"/>	
Email Address (Login.gov Username) user@company.com	

Preferred Contact Method

Email
Receive instant notifications when your information is updated in the Clearinghouse. Selecting this option will help you avoid unnecessary delays in responding to time-sensitive requests.

U.S. Mail
Letters will be sent via the United States Postal Service 3-4 business days after your information has been updated. Please allow two weeks for delivery.

[Previous](#) [Next](#) [Cancel](#)



12

Choose your preferred contact method:

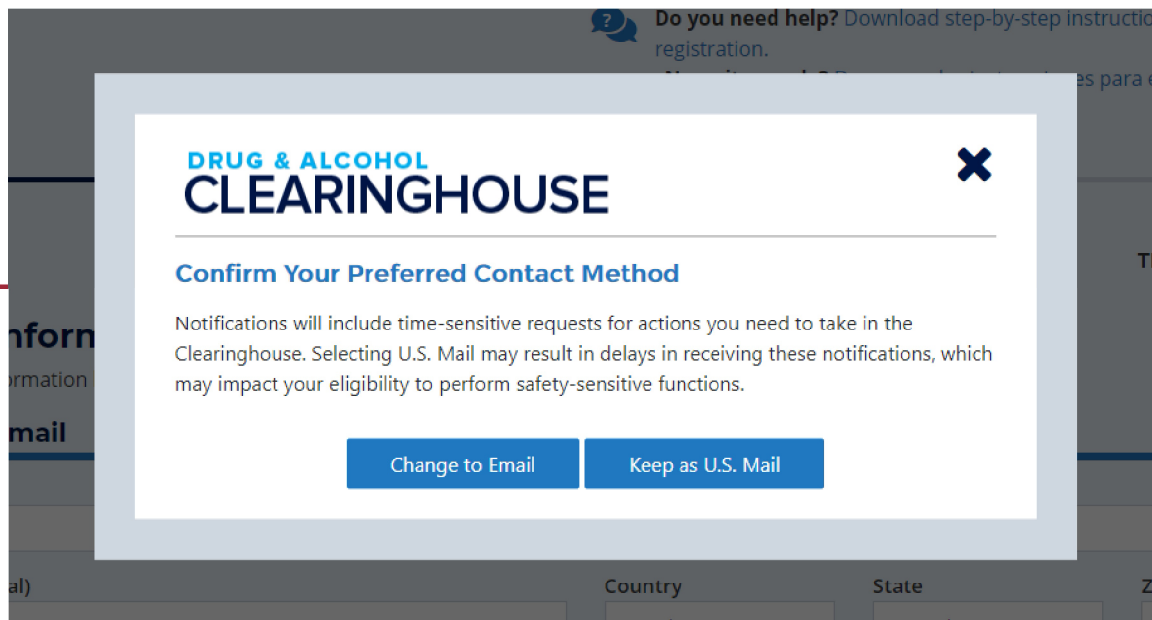
Preferred Contact Method

Email
Receive instant notifications when your information is updated in the Clearinghouse. Selecting this option will help you avoid unnecessary delays in responding to time-sensitive requests.

U.S. Mail
Letters will be sent via the United States Postal Service 3-4 business days after your information has been updated. Please allow two weeks for delivery.

[Previous](#) [Next](#) [Cancel](#)

If you select U.S. Mail, you will see a message asking you to confirm this selection. Keep in mind that notifications will include time-sensitive requests for actions you need to take in the Clearinghouse. Selecting U.S. Mail may result in delays in these notifications, which may impact your eligibility to perform safety-sensitive functions. Select either **Change to Email** or **Keep as U.S. Mail**.





13

Enter your **current** commercial driver's license (CDL) or commercial learner's permit (CLP) information. Click **Verify**. The Clearinghouse will verify this information against information in the Commercial Driver's License Information System (CDLIS).

The screenshot shows the registration process for CDL drivers. At the top, it says "United States Department of Transportation" and "FMCSA Federal Motor Carrier Safety Administration". There are "Register" and "Login" buttons. Below that is the "DRUG & ALCOHOL CLEARINGHOUSE" header with "FAQ", "About", and "Contact" links. A progress bar shows five steps: LOGIN.GOV, ROLE SELECTION, CONTACT INFORMATION, CDL (current step), and TERMS & CONDITIONS. A help message asks if the user needs help with registration instructions. The main form is titled "4. Commercial Driver's License Information" and contains the following fields:

- First Name:
- Last Name:
- Country:
- State:
- CDL Number:
- Date of Birth:

At the bottom of the form are three buttons: "Previous", "Verify", and "Cancel".



14

Once your CDL information is verified, you will not be able to edit it. Click **Next**.

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

Register Login

DRUG & ALCOHOL CLEARINGHOUSE

FAQ About Contact

Do you need help? Download step-by-step instructions for driver registration.
¿Necesita ayuda? Descargue las instrucciones para el registro de conductores.

LOGIN.GOV ROLE SELECTION CONTACT INFORMATION CDL TERMS & CONDITIONS

Success!
We have verified your CDL information.

4. Commercial Driver's License Information

Enter your **current** commercial driver's license (CDL) information below. This information will be verified against your information in the Commercial Driver's License Information System (CDLIS).

First Name: Sam
Last Name: Jones
Country: United States
State: AAMVA Test System - Z6
CDL Number: 1234567
Date of Birth: August (08), 1977

Previous **Next** Cancel

If the Clearinghouse cannot not verify your CDL information, you will be asked to check that you entered it correctly. Make any necessary corrections and click **Verify** again. You will have two chances to enter this information.

If your CDL information cannot be verified, you will need to contact your State Driver Licensing Agency to resolve any potential issues. You may continue with your Clearinghouse registration, but you will not be able to review your driver record or respond to employer consent requests until your CDL information has been verified. You can update this information under “My Profile” in your Dashboard, once your Clearinghouse registration is complete.

To continue and complete your registration, click **Next**.



15

Review the Clearinghouse terms and conditions.

The screenshot shows the FMCSA website interface. At the top, there's a navigation bar with 'Register' and 'Login' buttons. Below that, the 'DRUG & ALCOHOL CLEARINGHOUSE' title is displayed. A progress indicator shows five steps: LOGIN.GOV, ROLE SELECTION, CONTACT INFORMATION, CDL, and TERMS & CONDITIONS (the current step, highlighted with a blue circle and the number 5). A help message asks if the user needs help with driver registration instructions. Below the progress bar, the section is titled '5. Terms and Conditions' and 'FMCSA IT Rules of Behavior'. The text states: 'As a user of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse, I understand that I am personally responsible for the use and any misuse of my system account and password. I also understand that by accessing a U.S. Government information system, I must comply with the following requirements:'

Check the box to confirm that you agree to the terms and conditions and click **I Agree**.

The form contains the following text: 'I accept the FMCSA Privacy Policy (see <https://www.transportation.gov/dot-website-privacy-policy>).'
 I affirm that all the information provided is true and accept all of the terms above.
At the bottom, there are three buttons: 'Previous', 'I Agree', and 'Cancel'.

Your Clearinghouse registration is complete.

You will be directed to your Dashboard, a logged-in home page for your Clearinghouse activity. This is where you will come to respond to employer consent requests, review your Clearinghouse record, and make changes to your Clearinghouse account.