COMPANY NAME:	DRIVER NAME:
Ar	nnual Review
*Attach Motor Vehicle Record (All D	Orivers) and Clearinghouse Query (if CDL) to this Form
Federal Motor Carrier Safety Regulations. I applicable provisions of the Federal Motor (Regulations. I considered the driver's accid governing the operation of motor vehicles, reckless driving and operation while under	f the above named driver in accordance with 391.25 of the considered any evidence that the driver has violated Carrier Safety Regulations and the Hazardous Materials lent record and any evidence that he/she violated laws and gave great weight to violations, such as speeding, the influence of alcohol or drugs, that indicate that the driver he public. Having done the above, I find that:
the driver meets the minimum requ	irements for safe driving, or
the driver is disqualified to drive a r	motor vehicle pursuant to 391.15
Reviewed by: Signature	Reviewed by: Print Name

Date