



**DEPARTMENT OF CORRECTIONS  
Human Resources**



<b>Title:</b>	<b>Commercial Driver License Management</b>	<b>DOC Policy: 20.5.22</b>
<b>Supersedes:</b>	<b>None</b>	
<b>Applicability:</b>	<b>All employees required to have a CDL and their supervisors.</b>	
<b>Directives Cross Reference/Rules:</b>	<b>Federal Motor Carrier Safety Administration 49 CFR parts 383 and 391; OAR 740-100-0010, Oregon Department of Transportation Adoption of Federal Safety Regulations</b>	

**I. PURPOSE**

The purpose of this policy is to assist managers, supervisors, and employees required to hold a commercial driver license (CDL) in meeting the requirements of the Federal Motor Carrier Safety Administration and State of Oregon Department of Transportation rules and regulations.

**II. POLICY**

A. Supervisors/managers will:

1. Obtain a copy of the CDL holder's driving record from the state that issued the driver license at least once every 12 months.
2. Review the CDL holder's driving record to determine if the driver meets the minimum requirements to operate a commercial vehicle and complete a "Supervisor's Review and Certification of Employee's Commercial Driving License - Driving Record" (Attachment A) certifying this review.

**Note:** Driver license inquiries and reviews shall be consecutive over time to cover all months of employment as a commercial driver for the Department of Corrections.

3. Review the above documentation with employees and ensure that employees required to hold a CDL complete any documentation required by this policy and forward original documents to Personnel Records (see Section D., below).
4. Provide all documentation required for the "Driver's Qualification" file to Personnel Records (see Section C., below).

B. Employees who are required to have a CDL will:

1. Provide supervisors all the necessary documentation required by this policy and/or any other federal or state statutes relating to commercial driver licenses.

2. Complete a "Certification of Driver's Driving History" (Attachment B) at least once every 12 months, listing any and all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the employee has been convicted while operating **any** motor vehicle in **any** locale. Employees will complete this form even if there are no reportable violations, by writing in "none" and signing the document. Employees will submit consecutive "Certification of Driver's Driving History" (Attachment B) for each year to cover all months of employment as a commercial driver for the Department of Corrections.
  3. Notify supervisor with a "Notification of Traffic Violation" (Attachment B) within 30 days of being convicted of violating a state or local law relating to motor vehicle control (other than a parking violation) while operating **any** motor vehicle in **any** locale.
  4. Notify supervisor immediately or no later than the end of the business day following the day he/she received notification that his/her CDL license has been revoked, suspended, or withdrawn, either temporarily or permanently
  5. Provide supervisor with a current copy of the CDL holder's medical examiner's certificate, which enables the employee to drive a commercial vehicle.
- C. CDL holder's qualification files will be maintained on all employees who are required to have a CDL as a condition of employment and will include:
1. The CDL holder's application for employment;
  2. A written record of each past employer who was contacted concerning the CDL holder's driving record and a copy of each response;
  3. The certificate of CDL holder's road test, or a copy of the license or certificate that was accepted as equivalent to the driver's road test;
  4. The supervisor's annual inquiry of the CDL holder's driving record;
  5. The supervisor's review of the CDL holder's driving record (Attachment A);
  6. The CDL holder's annual certification of his/her driving record (Attachment B);
  7. The CDL holder's notice of any/or all traffic violation(s) (Attachment B);

- 8. A legible copy of the CDL holder's current medical examiner's certificate qualifying the driver to be able to drive a commercial motor vehicle; and
- 9. Any waivers of a physical disqualification from the Regional Director of Motor Carriers and any letter issued to grant a waiver of a physical disqualification.

D. File maintenance:

- 1. Supervisors/managers will forward all required documentation to Human Resources Personnel Records with the Attachment A and/or B stapled on top or otherwise identified as a CDL qualification file. Personnel Records will maintain the CDL holder's qualification files.
- 2. Each file will be maintained as long as the driver is employed and three years after date of termination of employment. The following records may be removed from the current driver's qualification file three years after initiating the file:
  - a. The annual/12-month driver license inquiry record;
  - b. Attachment A, the "Supervisor's Review and Certification of Employee's Commercial Driving License - Driving Record;
  - c. Attachment B, the "Certification of Driver's Driving History and/or Notice of Traffic Violation;" and
  - d. The medical examiners certificate of the CDL holder's physical qualification to drive a commercial motor vehicle.
- 3. Individual driver qualification files will be available to the employee seeking to review his/her files per DOC Policy 20.3.12, Maintenance and Access to Employee Records.

**III. IMPLEMENTATION**

This policy will be adopted immediately without further modification.

Certified: \_\_\_\_\_

Approved: \_\_\_\_\_

## Supervisor's Review and Certification of Employee's Commercial Driving License Driving Record

I \_\_\_\_\_ have reviewed the driving  
(Reviewer's Printed Name)

record of \_\_\_\_\_ for the time period of  
(Employee's printed name)

\_\_\_\_\_ and certify that;  
(mm/dd/yy through mm/dd/yy)

On review the above named employee **meets** the minimum requirements to operate a commercial vehicle as listed below:

### Qualifications of Drivers

- ❖ Is at least 21 years old.
- ❖ Can read and speak English sufficiently to converse with the general public, to understand highway traffic signs and signals, to respond to official inquiries, and to make entries on reports and records.
- ❖ Can by reason of experience, training, or both, safely operate the commercial vehicle he/she drives.
- ❖ Is physically qualified to drive a commercial vehicle (current medical examiners certificate).
- ❖ Has a current valid commercial motor vehicle operator's license.
- ❖ Has prepared and submitted a list of violations of traffic laws (Attachment B) to his/her supervisor.
- ❖ Is not disqualified to drive a commercial motor vehicle ([www.fmcsa.dot.gov](http://www.fmcsa.dot.gov), Rules and Regulations, Part 391.15 or Code of Federal Regulations 49 Part 391.15).
- ❖ Has successfully completed a driver's road test, certificate or equivalent ([www.fmcsa.dot.gov](http://www.fmcsa.dot.gov), Rules and Regulations, Sec 391.31 & .33 or Code of Federal Regulations 49 Part 391.31 & .33).

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or

Is **disqualified** to drive a commercial vehicle through failure to meet the above requirements.

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Certification of Driver's Driving History and/or Notice of Traffic Violation

(please check appropriate box)

- Certification of Driving History**
- Notification of Traffic Violation** (convictions other than parking violations)

I certify that the following is a true and complete list of any and all traffic violations (other than parking violations) for which I have been convicted or forfeited bond of collateral in any vehicle. If there are no traffic violations please write in "none."

Driver's Name: \_\_\_\_\_

Certification Period: \_\_\_\_\_ (mm/dd/yy through mm/dd/yy)

Driver License number: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ Location: \_\_\_\_\_

Offense: \_\_\_\_\_

Type of Motor Vehicle: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ Location: \_\_\_\_\_

Offense: \_\_\_\_\_

Type of Motor Vehicle: \_\_\_\_\_

If no violations are listed above, by my signature below, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Title: \_\_\_\_\_