

STATE OF DELAWARE

PC 107

**DEPARTMENT OF TRANSPORTATION
OFFICE OF PUBLIC CARRIER**

119 LOWER BEECH STREET
WILMINGTON, DELAWARE 19805-4440

Phone: 1-800-652-3278 Fax: (302)-577-1042

Company Name: _____	Docket #: _____
Driver's Name: _____	Driver's License #: _____
Hire Date: _____	Date Received: _____

This form should be completed and all required documentation attached for any driver hired after January 10, 2010. Any item not checked should be explained in an attached memorandum.

Driver's Documentation

Yes	Date	
		A copy has been received of the current and valid driver's license for the above mentioned individual.
		If the above mentioned individual is licensed in a state other than the State of Delaware holding the proper license/endorsement to operate a vehicle under this service type. Please enter their home state of residence in the date section to the left (as applicable).
		A copy has been received of the driving record for the above mentioned individual, covering a period of three years, performed by their state of residence.
		A copy has been received of the receipt/verification from the State of Delaware, State Bureau of Identification indicating the fingerprints were recorded for the purpose of obtaining a Criminal History Background check.
		This office has received a copy of the State Bureau of Identification Criminal History Background check results.
		If the above mentioned individual is licensed in a state other than the State of Delaware, this office must receive a State Bureau of Identification, Criminal History Background check from their state of residence.
		A copy has been received of the Federal Bureau of Identification Criminal History Background check results.

Review of Driver's Documentation

Yes	No	
		Does the individual NOT hold the proper license/endorsement to operate a vehicle under this service type? Docket C = CDL license with a "P" endorsement; Docket T = "Z" endorsement
		Does the individual's driving record indicate more than eight points at the time of application?
		Has the individual's license been suspended, revoked or disqualified in this State or their state of residence in the last 3 years?
		Has the individual been convicted of any felony in the last five years?
		If you have answered "Yes" to any of the four questions above, please forward the Public Carrier New Driver Verification package to the Chief of Transportation Services for review.

Reviewer Name

Reviewer Position

Signature of Reviewer

Date of Review

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Result of Driver Review by the Chief of Fraud/Investigation Unit

Yes	Date	
		This office has reviewed all documentation and approved the above mentioned individual.
		This office has reviewed all documentation and approved the above mentioned individual pending the completion of a defensive driving course approved by the Director of the Division of Motor Vehicles within 90 days (Letter sent).
		This office has reviewed all documentation on the above mentioned individual and it is the opinion of this office that the individual may pose a risk to public safety and should not be allowed to operate for the company; (Warning letter sent).

		This office has reviewed all documentation and disqualified the above mentioned individual (Disqualification letter sent).
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Chief of Fraud/Investigation Unit	Date of Review