DECLARATION OF EMPLOYMENT STATUS

Under the Federal Motor Carrier Safety Regulations (Section 391.23), Drivers Management, Inc., is required to verify the employment background of all prospective drivers for the preceding three (3 years). You have advised that you were unemployed or self-employed during the time period shown below. This form is designed to enable you to account for that period of your employment history, or period when you were not employed, which cannot be verified by any other means. In the section below, please fill in the dates and describe your activities during that time.

_____ _____

DRIVER NAME SOCIAL SECURITY NUMBER

DATES: From _____To _____
From _____To _____
From _____To _____
Month/Year Month/ Year

During the period specified I was engaged as follows:

_____
_____
_____

I also confirm that during that period, the statements I have checked below are true:

_____1. I was not employed in any capacity on a full-time regular basis.

_____2. I was self-employed.

_____3. I did not collect unemployment during this period.

_____4. I was not convicted of a crime or felony involving a motor carrier or any aspect of the carrier industry.

_____5. I was not involved in a motor vehicle accident of any type.

The two persons listed below, neither of whom is related to me in any manner, can verify the above information. I hereby authorized you to contact them and request that information, and authorize them to release that information to you.

Name: _____ _____

Address: _____ _____

City, State: _____ _____

Phone Number: _____ _____

FOR OFFICE USE ONLY

Verified by: _____
NAME DATE