

Safety-history request & authorization

Applicant section only. Complete a separate copy for each relevant prior employer, when instructed.

Applicant full name

CDL issuing state / license number - secure return only

Prior employer name / address / phone / safety contact

Dates employed (from / to)

Prospective employer: Merci Logistics LLC

Recruiting: Bini@Mercilogisticsllc.com | 678-301-8868 / 206-600-1701

I authorize the named prior employer to release employment verification and applicable DOT safety-performance history to Merci Logistics LLC for its driver-qualification investigation. Merci must apply current record-request and consent requirements. Any separately required drug / alcohol release must be obtained through the applicable process.

For FMCSA-regulated drug / alcohol history, the required Clearinghouse query and electronic consent apply. This form does not replace that consent. Information from other DOT modes may require a separate release.

Applicant printed name

Date

Applicant signature - use PDF reader signature tools or print and sign