First Underwriters Insurance Brokers
COMMERCIAL INSURANCE BROKERS | RISK MANAGEMENT
(425) 242-5357

Driver Acknowledgment Form

Distracted Driving & Cell Phone Use Policy

Company / Carrier Information

Company Name:	**USDOT #:**
Address:	**MC #:**

Driver Information

Driver Name:	**Date of Hire:**
CDL Number:	**CDL State:**
Position/Title:	**Employee ID:**

Policy Acknowledgment

By signing below, I acknowledge and confirm the following:

- I have received, read, and understand my employer's **Distracted Driving and Cell Phone Use Policy** in its entirety.
- I understand that the use of handheld cell phones, smartphones, or other electronic devices for texting, emailing, browsing, or any other purpose **while operating a commercial motor vehicle is strictly prohibited** under both company policy and federal regulation (49 CFR §392.80 and §392.82).
- I understand that hands-free phone use is only permitted where allowed by company policy and applicable state law, and that even hands-free use may be restricted or prohibited by my employer.
- I understand that violation of the FMCSA texting ban can result in fines up to **$2,750 per violation** for drivers and up to **$11,000** for carriers, as well as CDL disqualification.
- I agree to secure all electronic devices before placing the vehicle in motion and to pull over to a safe location if I need to use any device.
- I understand that the company may utilize **technology solutions** including phone-locking apps, driver-facing cameras, and telematics monitoring to enforce this policy.
- I understand that violation of this policy may result in **disciplinary action up to and including termination of employment**, in addition to any regulatory penalties.
- I agree to report any observed distracted driving behavior by coworkers to my supervisor without fear of retaliation.

IMPORTANT: Distracted driving violations create significant liability exposure. In the event of an accident, evidence of cell phone use or other distraction can result in catastrophic legal judgments, increased insurance costs, CSA score impacts, and potential loss of operating authority. Compliance with this policy protects you, the public, and our company.

Driver Signature

_____ _____

Driver Signature Date

_____

Printed Name

Supervisor / Manager Verification

_____ _____

Supervisor Signature Date

_____ _____

Printed Name Title

Filing Instructions: Place the signed original in the driver's qualification (DQ) file. Provide a copy to the driver. This form should be completed at the time of hire and renewed annually, or whenever the distracted driving policy is updated.

This form is provided as a risk management resource. Consult legal counsel to ensure compliance with applicable federal, state, and local regulations.