

Driver SMS Consent Form

Motor carrier (employer): _____

Driver name: _____

Mobile phone number: (____) ____ - _____

Program details

Program name: FileReady SMS Notifications

Operator: Arbor Wellness LLC, operator of FileReady (fileready.app)

Purpose: Transactional SMS messages to support management of the driver's Driver Qualification File under 49 CFR Part 391.

Messages may include:

- Secure links to upload required driver qualification documents
- Expiration reminders for DOT medical certificates, CDLs, and MVRs
- Compliance deadline notifications
- Status updates on outstanding document requests

Message frequency: Varies based on compliance activity. Typically 1–4 messages per month.

Msg & data rates may apply.

Consent

By signing below, I acknowledge and agree to the following:

1. I am the authorized user of the mobile phone number listed above.
2. I consent to receive transactional SMS messages from FileReady (operated by Arbor Wellness LLC) on behalf of my employer regarding my Driver Qualification File, including document upload requests, compliance reminders, and expiration alerts.
3. I understand that message frequency varies, and that message and data rates may apply depending on my mobile carrier and plan.
4. I can reply **STOP** to any message at any time to immediately opt out of all future SMS from FileReady. I can reply **HELP** for assistance, or email support@fileready.app.

5. I have been given the opportunity to review, and agree to the FileReady Terms of Service (<https://fileready.app/terms>) and Privacy Policy (<https://fileready.app/privacy>).
6. I understand that FileReady does not send marketing or promotional SMS messages, and that my phone number will not be sold, rented, or shared with third parties for their marketing purposes.
7. Consent to receive SMS is not a condition of employment. However, my employer may use alternative communication methods (email, in-person, mail) if I decline SMS.

Driver signature: _____ **Date:** _____

Printed name: _____

Employer use only

Consent collected by (name): _____

Title: _____

Date entered into FileReady: _____

Retain this signed form in the driver's personnel/qualification file for the duration of employment plus a minimum of three (3) years, consistent with 49 CFR § 391.51 DQF retention requirements.

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