

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

PUC Application Docket No.

Armstrong Relocation Company, Pennsylvania, LLC

Legal Name of Applicant

Trade Name, if any

1074 East Main Street,

Street Address (principal place of business)

Mount Joy

City or Municipality

PA

State

17552

Zip Code

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

Mark E. Brandenburger
President
15 Cypress Drive
Lititz, PA 17543

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

The applicant is an agent for United Van Lines and Mayflower Transit; servicing interstate household goods and general commodities shipments.

The applicant is also a common owned member of Armstrong Relocation & Companies headquartered in Memphis, TN. While the applicant will operate independently, it can draw upon the Armstrong family of Companies for technical and financial assistance.

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

Armstrong Relocation & Companies was founded in 1958 and operates 24 household goods moving and storage companies across the United States.

Mr. Brandenburger, the President of the Pennsylvania Company (applicant), has been actively operating local moving and storage companies in 6 locations over the past 30 years.

Additionally, the applicant will be hiring the current employees of the company whose assets are being acquired. These employees average over 10 years of experience in the household goods moving and storage industry.

4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

The facility is located at 1074 East Main Street, Mount Joy, PA 17552. The physical location is the same as used by Jack Treier Inc. for ongoing moving and storage operations.

It is a 45,000 square foot metal building that is fully insulated with fire and burglary protection. The facility meets all Government and Department of Defense household goods storage requirements. All storage is securely containerized. The building is exclusively used for the storage of customer household goods or business furniture, fixtures or equipment. There are no vehicles or hazardous materials stored within the building.

There is not an on-site vehicle repair facility. We utilize outside vendors in close proximity for these services.

The office more than adequate to house the personnel necessary to maintain the necessary level of operation and receive clients as required.

The parking is black top asphalt with strategically placed concrete to prevent heavy truck damage to the surface. It is adequate to park 50+ personal vehicles and a fleet of 30 commercial vehicles.

5. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and continuous communication with drivers.

Clients may engage our services through telephone, email or internet portal. They may be individual consumers, corporate accounts or other moving and storage entities hiring our services.

All crews are will be dispatched in person from the Mount Joy facility. All drivers are equipped with smart phones which can handle telephone, text and email communications. Drivers must give routine status reports 4 to 6 times daily to their respective dispatcher.

All customers will be assigned a move coordinator to serve as the "hub" of customer communication and assure that quality standards are met. Management carries smartphones at all times and performs routine job site visits and quality checks.

6. Please explain:

Attached to this business plan and application are the following documents:

1. The Armstrong Relocation & Companies President's Guide to driver hiring, qualification, orientation & training and safety management and reporting.
2. The United Van Lines Van Operator and Agency Safety Policies document.
3. A Van Operator (driver) Qualification, Application and Alcohol & Drug Abuse Training Guide.

All Armstrong Relocation Van Operators are held to the standards as listed in the attached documents. The standards, as a whole, are equal to or more stringent than the Federal Motor Carrier Regulation requirements. Armstrong holds all drivers; regardless of interstate, intrastate or local dispatch, to these standards. Management and Agency Safety representatives are trained for proper implementation and

monitoring of compliance. Agency Safety Representatives are responsible for monitoring safety performance, regulatory compliance, the reporting of any safety concerns and are fully authorized to make “safety first” decisions.

a. Your hiring standards for drivers;

All drivers must possess a commercial driver’s license (CDL). Driving records are obtained and reviewed as part of a DOT Driver Investigation File created for each driver. A prospective hire must pass a road test and be medically certified to operate. After being hired a driver must pass an annual driver performance evaluation review.

Listed below is our entire driver qualification process and standards. Our on-site Agency Safety Representative is charged with ensuring compliance.

1.1. **VAN OPERATOR QUALIFICATIONS**

1.2. A van operator must meet the following qualifications:

- 1.2.1. Must be a minimum of 21 years old.
- 1.2.2. Must be able to read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make written entries on reports and records.
- 1.2.3. Must be able, through experience, training, or both, to safely operate the type of motor vehicle driven.
- 1.2.4. Must be able, through experience, training, or both, to determine whether the cargo being transported has been properly located, distributed, and secured in or on the motor vehicle driven.
- 1.2.5. Must be familiar with methods and procedures for securing cargo in or on the motor vehicle driven.
- 1.2.6. Must be physically qualified to drive a motor vehicle in accordance with Subpart E – Physical Qualifications and Examinations of Federal Motor Carrier Safety Regulations (FMCSR) 391.41.

1.3. If a van operator or applicant fails to meet the stated physical requirements and uses the provisions of FMCSR Section 391.49 regarding physical waivers, the following Van Lines’ procedure shall apply:

- 1.3.1. All qualification information, physical, waiver documentation, and medical records shall be submitted to the Van Lines’ Safety department for review.
- 1.3.2. If all qualification requirements other than the physical portion are met, the medical information will be forwarded to the Van Lines’ Safety manager for review.
- 1.3.3. If physical documentation (including drug testing requirements), waiver documentation, and medical records are found to be complete, the documents will be forwarded to Van Lines’ medical consultant.
- 1.3.4. It shall be the responsibility of the medical consultant, after reviewing all pertinent information, to order further tests and medical examinations in St. Louis, Mo., as necessary for evaluation of the van operator applicant’s physical ability to operate a commercial motor vehicle.
- 1.3.5. All expenses regarding transportation to St. Louis, Mo., and costs for further testing and examination shall be borne by the agency sponsoring the van operator for qualification.
- 1.3.6. The medical consultant shall submit to Van Lines, in writing, the findings of his/her evaluation and recommendation for qualification.
- 1.3.7. The Van Lines’ Safety manager will coordinate all activities regarding the waiver evaluation and will make the final qualification decision, using the medical consultant’s evaluation and recommendation and discussion with division management as the basis.

1.4. Must complete and furnish Van Lines with an application for employment in accordance with FMCSR Part 391.21.

1.5. Any material falsification or misrepresentation of the qualification information during the qualification process or after the van operator is qualified will subject the individual to immediate disqualification from Van Lines’ service.

- 1.6. Must have a current, valid commercial motor vehicle driver's license (CDL) or a valid license for the vehicle being operated issued from the state of residence.
- 1.7. Must successfully complete a driver's road test in accordance with FMCSR Part 391.31, or has presented an operator's license or a certificate of road test, which Van Lines has accepted as equivalent to a road test in accordance with FMCSR Part 391.33.
- 1.8. Must have 30 days' commercial driving experience indicating professional performance for the Master Lease fleet and one year for the Continental fleet.
- 1.9. Must have 30 days' experience in household goods moving and handling or non-household goods (Third Proviso/Special Commodities) experience to be qualified for the Master Lease fleets and one year's experience for the Continental fleet.
- 1.10. Must receive new van operator orientation and ongoing training from qualifying agent.
- 1.11. Must prepare and furnish the motor carrier with a list of violations or a certificate as required by FMCSR 391.27.
- 1.12. Is not disqualified to drive a motor vehicle under the rules set forth in section 391.15 (FMCSR); this includes multiple driving/criminal violations (e.g., felony use of a vehicle, driving under the influence of drugs/alcohol, leaving the scene of an accident).
- 1.13. An applicant shall not have more than two moving traffic citations in the 12 months preceding the application and no more than four citations in the 36 months preceding the application.
- 1.14. An applicant:
 - 1.14.1. must not have pled guilty to, or been convicted of, operating a noncommercial motor vehicle while under the influence of alcohol or a controlled substance during the 36-month period prior to the date of the application, and an applicant may have no more than one such conviction on his/her entire record; or
 - 1.14.2. must not have pled guilty to, or been convicted of, operating a commercial motor vehicle while under the influence of alcohol during the 60-month period prior to the date of the application, except that if the offense was in connection with an accident or the offense occurred during the time the applicant was previously qualified to operate for Van Lines, the applicant will not be eligible for qualification to operate for Van Lines; or
 - 1.14.3. who has pled guilty to, or been convicted of, operating either a commercial motor vehicle or noncommercial motor vehicle while under the influence of alcohol on more than one such occasion will not be eligible for qualification to operate for Van Lines; or
 - 1.14.4. who has pled guilty to, or been convicted of, operating a commercial motor vehicle while under the influence of a controlled substance will not be eligible for qualification to operate for Van Lines.
- 1.15. Cannot have more than one preventable accident while operating a commercial vehicle in the 12 months preceding application and no more than two preventable accidents in the 36 months preceding application.
- 1.16. An applicant shall not be eligible for qualification if he/she has been convicted of one of the following felonies; hereafter referenced as Type 1 Felonies:
 - a. a felony which resulted in taking of a life including but not limited to capital murder, first degree murder, second degree murder, homicide and manslaughter.
 - b. a felony which resulted in serious physical injury including but not limited to assault or battery causing serious physical injury.
 - c. a felony involving a sexual offense including but not limited to rape, sexual assault, sodomy, deviate sexual assault and child molestation.
 - d. a felony involving organized criminal activity including but not limited to extortion, racketeering, and drug distribution.
 - e. a felony involving the use of weapons including but not limited to armed criminal action, burglary and robbery.
 - f. a felony involving a hate crime.

- g. a felony involving kidnapping.
- h. a felony involving terrorist activity.
- 1.16.1. An applicant shall not be eligible for qualification if he/she has pled guilty or has been convicted of a felony within thirty-six (36) months of the date of the application and the applicant may not have two (2) or more felony convictions on his/her entire record.
- 1.16.2. An applicant shall not be eligible for qualification if he/she has pled guilty or been convicted of a misdemeanor (excluding non-alcoholic and/or non-drug driving/traffic-related violations) within twenty-four (24) months of the date of the application, and the applicant may not have three (3) or more misdemeanor convictions within the last ten (10) years.
- 1.16.3. If an applicant has a felony conviction (other than a Type 1 Felony) within the last ten (10) years, then he/she may not have more than one misdemeanor in the last ten (10) years.
- 1.16.4. An applicant shall not be eligible for qualification if he/she has been incarcerated for a non-traffic misdemeanor or felony conviction within twelve (12) months of the date of the application.
- 1.17. A guilty finding entered by a court shall be deemed under these standards to be a conviction.
- 1.18. An applicant shall not be eligible for qualification if he/she is on court probation/parole for any criminal misdemeanor or felony or if the applicant has criminal misdemeanor (excluding non-alcoholic and/or non-drug driving/traffic-related violations) or felony charges pending.
- 1.19. Any van operator in violation of the driver qualification regulations as set forth in the Federal Motor Carrier Safety Regulations (FMCSR) will be assessed a \$100 fine for each violation. Multiple violations within a 24-month period will result in further disciplinary action up to and including suspension or permanent disqualification.

Any van operator operating a Commercial Motor Vehicle (CMV) with a revoked, suspended, cancelled license/Commercial Drivers License (CDL), or medically unqualified to operate a CMV or operating a CMV without the proper license/CDL will be permanently disqualified.

- b. Your system to ensure prospective drivers will be subject to a criminal background check;

Each driver is subject to an annual performance evaluation which includes a safety procedure rating, a road test, an updated background check, an updated MVR, and must include a negative drug test result if any.

Our On-Site Agency Safety Representative is responsible for ensuring compliance. Our complete driver qualification standards are listed above in section (a) and are available in the attachments.

- c. Your driver training program;

We require online classroom certifications through United Van Lines University and United Van Lines Quality Labor Training program to assure customer satisfaction as well as safe operations. A minimum of 30 days on the job household moving experience is required prior to driver qualification. We maintain an on-staff and on-site Quality labor trainer certified by United Van Lines.

- d. Your system for ensuring that your drivers are properly licensed at all times;

United Van Lines and Armstrong's safety departments run MVR reports annually and monitor federal motor carrier safety performance databases. The full time and on-site Agency Safety Representative is responsible for this function.

- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

United Van Lines and Armstrong's safety departments run background reports annually and monitor federal motor carrier safety performance databases (such as the Vigillo database). The full time and on-site Agency Safety Representative is responsible for this function.

- f. Your policies regarding alcohol and drug use by your drivers.

Applicant maintains zero tolerance policy. Drivers are randomly tested. Our on-site Agency Safety Representative is charged with ensuring compliance.

Listed below is our driver drug and alcohol policy standards.

DRUG AND ALCOHOL POLICY

- 1.20. Drug and alcohol program includes all van operators and second van operators, regardless of their license.
- 1.21. Van Lines prohibits the use, possession, transportation, or distribution of illegal or unauthorized drugs, illegal drug paraphernalia, and alcohol throughout the Van Lines' system.
- 1.22. Van operators and other personnel involved with vehicles are prohibited from reporting for duty or being on duty after having used or ingested illegal drugs; having abused, used, or ingested unauthorized drugs; having abused, used, or ingested other prohibited drugs, including alcohol.
- 1.23. Such personnel are further prohibited from reporting for duty or being on duty under the influence of such drugs or alcohol.
- 1.24. The prohibited drugs shall include:
 - 1.24.1. those prohibited by federal, state, or local laws;
 - 1.24.2. those drugs described in and/or referred to in the Federal Motor Carrier Safety Regulations;
 - 1.24.3. prescription drugs not properly prescribed for bona fide medical use;
 - 1.24.4. possession of drug paraphernalia to the extent that it violates state or local law; and
 - 1.24.5. any other abused drug or substance, including alcohol.
- 1.25. Such personnel are further prohibited from reporting for duty or being on duty while taking legally prescribed drugs that impair their ability to operate a commercial motor vehicle. Any van operator who tests positive for a legally prescribed drug that carries a warning prohibiting the taking of the drug while operating a motor vehicle will be deemed to have violated this Drug and Alcohol Testing section. The first violation will result in suspension for up to 30 days. A second violation within a 36-month period will subject the van operator to an 18-month suspension from Van Lines' service.
- 1.26. As a condition for qualification as a van operator in Van Lines' service, and as a condition for continued requalification as a van operator in Van Lines' service, all applicants for qualification or requalification (if there is a break in Van Lines' service) shall take a drug screening test. These tests shall be administered prior to qualification or requalification. If the final test results are positive, qualification or requalification shall be denied. If the applicant chooses not to take the tests, qualification or requalification shall be denied.
- 1.27. Applicants who test positive for drugs will not be considered for qualification for 18 months.
- 1.28. Any applicant or van operator will not be reconsidered for qualification with two of the following:
 - 1.28.1. positive drug or alcohol results;
 - 1.28.2. refusal to be drug and alcohol tested;
 - 1.28.3. or any combination of a positive drug and alcohol test results and/or refusal to be tested.
- 1.29. Van Lines shall have the right to drug screen and alcohol test immediately any van operator when there is any evidence, suspicion, or behavior indicating that the person may be under the influence of drugs or alcohol. In addition, Van Lines will, as required by federal requirements, select van operators at random for periodic drug screening and alcohol testing. If the person does not take the test, he/she will be disqualified from Van Lines' service for 18 months.
- 1.30. Van operators will be notified of a random drug/alcohol test in compliance with the Federal Motor Carrier Safety Regulations.

- 1.31. When notified of a random drug/alcohol test, the van operator is to report immediately to the collection facility with no more than four hours to elapse between the notification and actual testing. If the van operator fails to report for testing within four hours or refuses to be tested, this will result in disqualification for 18 months from Van Lines' service.
- 1.32. Any van operator who tests positive for drugs or for alcohol under the random drug and alcohol testing program will be disqualified from Van Lines' service for 18 months.
- 1.33. A refusal or failure to submit to a prequalified, random, unscheduled or reasonable suspicion drug or alcohol test will result in an 18-month disqualification. Refusal to submit to a post-accident drug or alcohol test or a positive post-accident drug or alcohol test will result in permanent disqualification. For purposes of this policy, a van operator shall be deemed to have refused a test when he/she fails to provide an appropriate sample when a laboratory (clinic) is ready, willing and available for testing and the van operator has the reasonable opportunity to present himself/herself to a laboratory (clinic) for testing.
- 1.34. A blatant refusal to submit to a drug or alcohol test will result in a 24-month disqualification. Blatant is defined as an overt and obvious refusal to submit to a test.
- 1.35. All costs associated with the drug and alcohol program will be billed to the agency with which the van operator is affiliated.
- 3.17. Any van operator consuming alcohol within four hours prior to operating a CMV will be permanently disqualified.
- 3.18. Any van operator operating a CMV and found to be in possession of alcohol or a controlled substance will be permanently disqualified.
- 3.19. Van operators operating a commercial motor vehicle who have tested 0.02% or greater breath alcohol content will be permanently disqualified on the first offense.
7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

See attached fleet listing. This is the same fleet that has been servicing the territory for Jack Treier, Inc.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>

8. Describe your vehicle safety program. Please include the following in your explanation:

Please reference the above listed attachments for specific policies and procedures implemented and enforced by Armstrong Relocation & Companies. The policies meet or exceed the requirements of the Federal Motor Carrier Regulations.

As set forth in Exhibit #1 (Agency Moving Equipment Inspection). Applicant maintains a Vehicle Maintenance File Folder for each vehicle; maintains an accident register, an OSHA 300 log for work related injuries and illnesses as well as other internal controls to insure vehicle and employee safety.

- a. Your periodic vehicle maintenance plan;
Preventive maintenance every 6000 miles and Federal DOT inspections every six months (required by FMCR annually).
- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

Preventive maintenance every 6000 miles and Federal DOT inspections every six months (required by FMCR annually). DOT Inspection facility will also ensure Pennsylvania compliance.

- c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

N/A

- d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

Preventive maintenance every 6000 miles and Federal DOT inspections every six months (required by FMCR annually).

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

Lipscomb & Pitts Insurance, LLC, Phone – 901-321-1031. Insurance is currently in force for the transferee. Please refer to the attached certificate. The primary coverage is provided for Transferee through Travelers Insurance Company.

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution? YES_____ NO_XXX_

11. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

Statement of Financial Position (Balance Sheet)

Please see attached.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.



(Signature)

1/7/2015

(Date)

M. Todd Watson, CEO and Manager

(Name and Title, printed or typed)

VEHICLE INFORMATION

Year	Make	Model	VIN #	Cost/ Other Basis	Savage/Basis Adj.	Total Depreciation	Book Value
1987	Kentucky		1KKVE4011HL079279	\$25,085		\$25,085	\$0
1993	Dorsey			\$5,000		\$3,667	\$1,333
1994	Freightliner			\$8,000		\$5,733	\$2,267
1994	GMC		1GTGK24K2RE523410	\$17,700		\$17,700	\$0
1994	Kentucky		1KKVE4028RL098390	\$27,987		\$27,987	\$0
1994	Kentucky			\$30,607		\$30,607	\$0
1995	Kentucky		1KKVE4225SL101166	\$29,690		\$29,690	\$0
1995	Kentucky		1KKVE4825SL100607	\$12,960		\$12,960	\$0
1996	Freightliner	Cab	1FV6HFAA0TL747344	\$53,210		\$53,210	\$0
1996	Kentucky		1S12E9481TD406648	\$12,000		\$8,800	\$3,200
1997	Freightliner			\$14,556		\$14,556	\$0
1997	Kentucky		1KKVE512XVL108660	\$33,950		\$33,950	\$0
1997	Kentucky		1KKVE5125VL108663	\$33,950		\$33,950	\$0
1997	Kentucky		1KKVE502XVL108143	\$15,000		\$11,000	\$4,000
1997	Mitsu			\$5,000		\$3,583	\$1,417
1998	Kentucky			\$20,583		\$20,583	\$0
1998	Kentucky		1KKVE5120WL111326	\$37,180		\$37,180	\$0
1998	Kentucky		1KKVE5123WL112518	\$15,000		\$11,000	\$4,000
1999	Freightliner	Fl80	1FUWJJBA0XHA21716	\$48,479		\$47,671	\$808
1999	International	4700	1HTSCAAN1XH666833	\$51,966		\$48,502	\$3,464
1999	International			\$20,000		\$14,667	\$5,333
1999	Isuzu			\$15,000		\$11,000	\$4,000
1999	Kentucky	Fvcc-D	1KKVE5123XL116134	\$36,700		\$36,088	\$612
2000	Freightliner	Fl70	1FV6HFBA3YHG18395	\$55,650		\$55,650	\$0
2000	Kentucky	T2000	1XKTDB9X9YJ861569	\$12,310		\$11,601	\$709
2000	Kentucky		1KKVE5122YL202567	\$36,500		\$31,431	\$5,069
2001	IHC	4700	1HTSCAAM31H334214	\$50,925		\$50,925	\$0
2001	Kentucky		1KKVE51201L203870	\$37,980		\$37,980	\$0
2001	Kentucky	FVCC-DS	1KKVE51201L203934	\$38,575		\$34,289	\$4,286
2001	Kentucky			\$36,902		\$34,852	\$2,050
2002	Kentucky		1KKVE53272L207784	\$39,400		\$39,400	\$0
2002	Kentucky			\$43,623		\$42,411	\$1,212
2003	GMC	Savana	1GDJG31U631211751	\$25,243		\$25,243	\$0
2003	Kentucky			\$11,000		\$7,883	\$3,117
2003	Kentucky			\$11,000		\$7,883	\$3,117
2004	IHC	4300	1HTMMAAN84H670833	\$58,900		\$58,900	\$0
2005	Freightliner	Cl120	1XP7DB9X45D887471	\$98,650		\$98,650	\$0
2005	GMC	Savana	1GDJG31U951110920	\$28,645		\$28,645	\$0
2006	GMC	Sierra	1GDJG31U661136764	\$29,606		\$29,606	\$0
2006	International	4300	1HTMMAAN36H203936	\$63,844		\$63,844	\$0
2006	Kentucky	Fvcc-D	1KKVE53276L220895	\$61,429		\$61,429	\$0
2007	International	4300	1HTMMAAN47H388208	\$74,700		\$74,700	\$0
2007	Kentucky	Avcc-W	1KKVA53207L224218	\$60,433		\$60,433	\$0
2007	Kentucky	Fvcc-D	1KKVE53277L223698	\$51,400		\$51,400	\$0
2008	Nissan	Altima	1N4AL21E98C248040	\$18,605		\$12,403	\$6,202
2008	Peterbilt		1XP7D49X18D755008	\$118,900		\$118,900	\$0
2011	Volvo		4V4NC9EJ2BN295177	\$84,000		\$49,000	\$35,000
2012	Tnt			\$85,675		\$62,828	\$22,847
2013	Freightliner	M2-106	1FUBCYBS3DHFG6861	\$82,301		\$34,292	\$48,009
2013	Freightliner	M-2	1FVACXDT5DHFE7588	\$90,260		\$65,188	\$25,072
2013	Kentucky	Fvcc-D	1KKVE5324DL234170	\$59,350		\$15,827	\$43,523
2013	Toyota	Rav4	2T3DFREV5DW110035	\$29,940		\$6,986	\$22,954
2013	Volvo	D13	4V4NC9EH2DN129662	\$127,000		\$116,417	\$10,583
2013	Volvo	T	4V4NC9EH6DN129647	\$127,000		\$112,889	\$14,111
2013	Volvo	Vnl64T	4V4NC9EH1DN139499	\$127,000		\$63,500	\$63,500
2013	Volvo	Vnl64T		\$127,000		\$63,500	\$63,500
2014	Kentucky	Fvcc-D	1KKVE5329EL234876	\$70,076		\$9,343	\$60,732
2014	Kentucky	Fvcc-D	1KKVE5320EL234877	\$62,885		\$7,337	\$55,548
2015	Volvo	Vnl64T	4V4NC9EH3FN185788	\$131,715		\$29,270	\$102,445

Year	Make	Model	VIN #	Cost/ Other Basis	Savage/Basis Adj.	Total Depreciation	Book Value
	Kentucky			\$33,727		\$33,727	\$0
				\$2,871,751	\$0	\$2,247,730	\$624,021

Fixed Asset Schedule

Motor Vehicle Equipment					
Year	Make	Cost/ Other Basis	Savage/Basis Adj.	Total Depreciation	Book Value
1987	Kentucky	\$25,085		\$25,085	\$0
1993	Dorsey	\$5,000		\$3,667	\$1,333
1994	Freightliner	\$8,000		\$5,733	\$2,267
1994	GMC	\$17,700		\$17,700	\$0
1994	Kentucky	\$27,987		\$27,987	\$0
1994	Kentucky	\$30,607		\$30,607	\$0
1995	Kentucky	\$29,690		\$29,690	\$0
1995	Kentucky	\$12,960		\$12,960	\$0
1996	Freightliner	\$53,210		\$53,210	\$0
1996	Kentucky	\$12,000		\$8,800	\$3,200
1997	Freightliner	\$14,556		\$14,556	\$0
1997	Kentucky	\$33,950		\$33,950	\$0
1997	Kentucky	\$33,950		\$33,950	\$0
1997	Kentucky	\$19,500		\$14,300	\$5,200
1997	Mitsu	\$5,000		\$3,583	\$1,417
1998	Kentucky	\$20,583		\$20,583	\$0
1998	Kentucky	\$37,180		\$37,180	\$0
1998	Kentucky	\$19,500		\$14,300	\$5,200
1999	Freightliner	\$48,479		\$47,671	\$808
1999	International	\$51,966		\$48,502	\$3,464
1999	International	\$20,000		\$14,667	\$5,333
1999	Isuzu	\$15,000		\$11,000	\$4,000
1999	Kentucky	\$36,700		\$36,088	\$612
2000	Freightliner	\$55,650		\$55,650	\$0
2000	Kentucky	\$12,310		\$11,601	\$709
2000	Kentucky	\$36,500		\$31,431	\$5,069
2001	IHC	\$50,925		\$50,925	\$0
2001	Kentucky	\$37,980		\$37,980	\$0
2001	Kentucky	\$38,575		\$34,289	\$4,286
2001	Kentucky	\$36,902		\$34,852	\$2,050
2002	Kentucky	\$39,400		\$39,400	\$0
2002	Kentucky	\$43,623		\$42,411	\$1,212
2003	GMC	\$25,243		\$25,243	\$0
2003	Kentucky	\$11,000		\$7,883	\$3,117
2003	Kentucky	\$11,000		\$7,883	\$3,117
2004	IHC	\$58,900		\$58,900	\$0
2005	Freightliner	\$98,650		\$98,650	\$0
2005	GMC	\$28,645		\$28,645	\$0
2006	GMC	\$29,606		\$29,606	\$0
2006	International	\$63,844		\$63,844	\$0
2006	Kentucky	\$61,429		\$61,429	\$0
2007	International	\$74,700		\$74,700	\$0
2007	Kentucky	\$60,433		\$60,433	\$0
2007	Kentucky	\$51,400		\$51,400	\$0
2008	Nissan	\$18,605		\$12,403	\$6,202
2008	Peterbilt	\$118,900		\$118,900	\$0
2011	Volvo	\$84,000		\$49,000	\$35,000
2012	Tnt	\$85,675		\$62,828	\$22,847
2013	Freightliner	\$82,301		\$34,292	\$48,009
2013	Freightliner	\$90,260		\$65,188	\$25,072
2013	Kentucky	\$59,350		\$15,827	\$43,523
2013	Toyota	\$29,940		\$6,986	\$22,954

Fixed Asset Schedule

Motor Vehicle Equipment (Continued)					
Year	Make	Cost/ Other Basis	Savage/Basis Adj.	Total Depreciation	Book Value
2013	Volvo	\$127,000		\$116,417	\$10,583
2013	Volvo	\$127,000		\$112,889	\$14,111
2013	Volvo	\$127,000		\$63,500	\$63,500
2013	Volvo	\$127,000		\$63,500	\$63,500
2014	Kentucky	\$70,076		\$9,343	\$60,732
2014	Kentucky	\$62,885		\$7,337	\$55,548
2015	Volvo	\$131,715		\$29,270	\$102,445
	Kentucky	\$33,727		\$33,727	\$0
Totals		\$2,880,751	\$0	\$2,254,330	\$626,421

Warehouse Equipment				
Description	Cost/ Other Basis	Savage/Basis Adj.	Total Depreciation	Book Value
Warehouse Equipment	\$11,687	\$0	\$11,417	\$269
Clark Forklift	\$20,000	\$0	\$20,000	\$0
Used Forklift	\$7,950	\$762	\$7,553	\$398
Forklift	\$9,800	\$0	\$9,800	\$0
Crown Reach Forklift	\$23,000	\$0	\$9,836	\$13,164
Forklift-Toyota-Sn 42059	\$24,817	\$0	\$11,168	\$13,649
Toyota Lift Truck Serial 78544	\$8,984	\$0	\$8,984	\$0
Toyota Lift Truck 8Fgcu25	\$23,838	\$0	\$23,838	\$0
Vaults & Pads	\$219,118	\$1,295	\$181,638	\$37,480
Totals	\$349,193	\$2,057	\$284,233	\$64,960

Office Equipment				
Description	Cost/ Other Basis	Savage/Basis Adj.	Total Depreciation	Book Value
Computers/Printers	\$23,053	\$0	\$17,660	\$5,392
Office Furniture & Equipment	\$52,776	\$351	\$44,121	\$8,656
Computer Software	\$167,859	\$286	\$166,350	\$1,509
Totals	\$243,688	\$637	\$228,130	\$15,557

Leasehold Improvements				
Description	Cost/ Other Basis	Savage/Basis Adj.	Total Depreciation	Book Value
Scale	\$52,820		\$52,820	\$0
Mt Joy Property Security And Fire	\$26,956		\$9,948	\$17,008
Warehouse Annex Improvement	\$80,149		\$5,566	\$74,583
Warehouse Annex Lighting	\$19,135		\$1,329	\$17,806
Scale- Mt.Joy Location	\$40,618		\$15,474	\$25,144
Mt Joy Property Carpeting	\$15,271		\$8,145	\$7,126
Totals	\$234,949	\$0	\$93,281	\$141,668

GRAND TOTALS:

\$3,708,581	\$2,694	\$2,859,974	\$848,607
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ARMSTRONG RELOCATION COMPANY, PENNSYLVANIA, LLC
STATEMENT OF FINANCIAL POSITION
PROJECTED BALANCE SHEET

Assets

Current Assets

Cash	334,310	
Accounts Receivable - Trade	352,344	
Notes Receivable, Current Portion	20,034	
Miscellaneous Prepayments	63,198	
Total Current Assets		\$ 769,886

Tangible Assets

Motor Vehicle Equipment	2,880,751	
Less: Accumulated Depreciation	(2,254,330)	
Warehouse Equipment	349,193	
Less: Accumulated Depreciation	(284,233)	
Office Equipment	243,688	
Less: Accumulated Depreciation	(228,130)	
Leasehold Improvements	234,949	
Less: Accumulated Depreciation	(93,281)	
Total Tangible Assets		\$ 848,607

Other Assets

Notes Receivable, Long Term	16,699	
Other Assets (PUC Authority License)	25,000	
Total Other Assets		\$ 41,699

Total Assets

\$ 1,660,192

Liabilities and Members Equity

Current Liabilities

Accounts Payable-Trade	96,900	
Accrued Payroll	63,606	
Accrued Other Liabilities	25,917	
Notes Payable	112,500	
Equipment Obligations	134,330	
Total Current Liabilities		\$ 433,253

Long-Term Debt, Less Current Portion

Notes Payable	697,500	
Equipment Obligations	275,071	
Total Long Term Liabilities		\$ 972,571

Deferred Liabilities

Deferred Tax Liability	23,100	
Deferred Driver Liabilities	19,698	
		\$ 42,798

Equity

Members Equity	211,570	
		\$ 211,570

Total Liabilities and Members Equity

\$ 1,660,192

ARMSTRONG RELOCATION COMPANY, PENNSYLVANIA, LLC
STATEMENT OF FINANCIAL POSITION
ONE YEAR PROJECTED INCOME STATEMENT

Revenues

Operating Revenue	\$ 8,467,988
Net Revenue from Non-Carrier Operations	80,201
Dividend and Interest Revenues	3,483
Gains	11,689
Total Revenue and Gains	<u>8,563,361</u>

Operating expenses

Salary, Wages, & Benefits	1,338,241
Payroll Taxes	259,315
Accounting Expense	7,353
General Office Expense	163,947
Legal Expense	28,960
Office Supplies	109,960
Fuel Expense	499,181
Materials and Supplies	226,614
Purchased Transportation (Lease Expense)	4,063,238
Communication Expense	126,999
Utilities	19,589
Operating Taxes and Licenses	56,515
Travel Expense	51,222
Equipment Maintenance	271,145
Facility Maintenance	32,336
Insurance Expense	184,724
Claims Expense	89,651
Depreciation Expense	356,180
Amortization Expense	17,824
Property Taxes	62,104
Rental Expense	276,480
Interest Expense	14,655
Advertising Expense	71,404
Uncollectible Revenue	18,939
Total Operating Expenses and Losses	<u>8,346,576</u>

Income before taxes 216,785

Provision for Income Taxes 5,215

NET INCOME (LOSS) \$ 211,570

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/07/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lipscomb & Pitts Ins., LLC 2670 Union Ave. Ext. Suite 100 Memphis, TN 38112 901 321-1000	CONTACT NAME: Debbie Thacker PHONE (A/C, No, Ext): 901-321-1000 FAX (A/C, No): 901-321-1099 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Cas. Co of A NAIC # 25674 INSURER B: Axis Surplus Insurance Company 26620 INSURER C: Lexington Ins Co. INSURER D: Travelers Indemnity Co. INSURER E: Steadfast Insurance Company 26387 INSURER F:	
INSURED Armstrong Relocation Company, Pennsylvania, LLC 1074 E. Main Street Mount Joy, PA 17552		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR BI/PD Ded: \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			TC2JGLSA488D2493	04/01/2014	04/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TC2JCAP488D25121	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EAU731788012014	04/01/2014	04/01/2015	EACH OCCURRENCE \$5,000,000 occ
B	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EAU731788012014	04/01/2014	04/01/2015	AGGREGATE \$5,000,000 agg \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TC2KUB488D263A14	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$500,000 E.I. DISEASE - EA EMPLOYEE \$500,000 E.I. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Armstrong Relocation Company,
Pennsylvania, LLC
1074 E. Main Street
Mount Joy, PA 17552

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Matthew E. Lipscomb III

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ARMSTRONG RELOCATION & COMPANIES

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President's Guide

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Introduction

WHO WILL ACCOMPLISH THIS ROLE?

This Guide is designed to assist you in improving your locations Risk Management Program, increase your agency compliance with State and Federal regulations, improve your CSA scores, and Risk Management Assessment (page 17).

Please read each section, assign persons responsible for each role, implement the required items and complete the checklist on page 13.

What is Driver Qualification? www.access.gpo.gov/nara/cfr/waisidx_06/49cfr391_06.html

Your agency is responsible to comply with Federal and State regulations for recordkeeping and make the right hiring decision by properly qualifying each driver.

Your operating authority is granted conditionally.

Your operations must comply with State and Federal regulations for you to continue to operate. The information in this Guide will assist your representatives to achieve compliance.

The following documents should be in the DOT Driver Qualification File or the DOT Driver Investigation History File for all drivers (contractors, their authorized drivers & employees) who operate a commercial motor vehicle (>10,001 GVW) under Armstrong Relocation Company's (ARC's) or United Van Line's (UVL's) authority.

Obtain all qualification background documents prior to the decision to contract/hire.

Whenever an Armstrong Relocation Company Agency contracts or employs a driver in any capacity, a complete DOT driver qualification producing all required files must be completed.

A UVL "requalification application" (SAF-130) is not acceptable in lieu of a full DOT driver qualification application although it is required by UVL when a driver changes agencies.

Any individual who operates a commercial motor vehicle (>10,000 lb GVW) **MUST** be a UVL qualified driver. UVL qualified drivers are included in UniGroup's Substance Abuse Program.

HR Representative's Role: Provide the most current documents from HR Connection.

References on HR Connection

- Review Cheat Sheet for Running Backgrounds
- HR Administrator Guide (Big Book)
- Provide current New Hire/Contractor/Contractor's New Authorized Driver worksheets

Agency Safety Representative's Role: *ASR must have completed UniGroup's ASR Training*

1. Monitors safety performance.
2. Works toward full regulatory and policy compliance.
3. Communicates safety successes, problems and trends.
4. Coordinates/conducts safety training.
5. Interacts with others at agency who impact safety.
6. Works with the Home Office Safety department.
7. Empowered to make safety-first decisions.

DOT Driver Qualification - Process Checklist

1. Initial interview conducted by agency Supervisor. Create notes during interview on a separate sheet of paper and not on the application.
2. Approval from Risk Management to proceed if previously employed by or contracted with another Armstrong Relocation agency.
3. Background Screening Provider/Armstrong Releases, UVL VO Application (*UVL DQ Kit found on the "U"*), SAF-51 documents accurately completed and reviewed. Copy Driver's License. Complete and sign the INS-19. Send to Jerry Palmer for Risk Management review.
4. Begin the DOT Driver Investigation History File and place your interview notes, Armstrong Releases and completed Previous Employer responses in this file.
5. Completed UVL Van Operator Qualification Kit (DQK) documents must be reviewed by agency Supervisor for accuracy and content prior to hiring decision or sending to UVL
6. Road Test completion (driver must have in their possession: Driver's License, Medical Card, Driver's Daily Log current day plus past 7 days)
7. MVR must be received and reviewed by Supervisor prior to hiring and placed in the Driver Qualification File (\$) The 2014 and newer MVR must show a CDL driver is "Medically Certified" and has filed a "Self Certification of Operations".
8. Driver Index must be completed from all received necessary information
9. Hiring documentation process review and approval with Jerry Palmer
10. Conduct Follow Up Interview with list of all questions from collected information

NOTE: 1-10 MUST BE COMPLETE PRIOR TO ANY HIRING DECISION OR CONTRACT

11. Hiring or Contract completion per Human Resources requirement.
12. Begin HR-Personnel or HR-Contractor training file and DOT Driver Qualification File. Place Criminal, Credit and SSN background checks and training documents in the HR File.
13. Armstrong must have every new driver complete a new UVL DOT Physical **and document the Certified Medical Examiner is listed in the FMCSA registry** and a UVL DOT Pre-hire Drug test
14. Submit the completed UVL Qualification Kit to United
15. UVL ID # and verification of Pre-use negative drug test must be received from United before any driver can operate a commercial motor vehicle.
Use UniGroup's VOPR system to verify UVL qualification status
16. Armstrong's Orientation Training worksheets completed, reviewed and filed. *Obtain from HRconnection*
17. Create an "At Hire" *Annual Driver Performance Evaluation* pre-assessment with goals

Pre-Hire/Annual Driver Evaluation

Qualify all your drivers with UVL. This includes contractors, their helpers, managers and employees – anyone who drives a (cmv) vehicle under ARC's or UVL's authority (>10,001 lbs). The DQ requirement also applies to a contractor's Authorized Driver.

Calculate each applicant's "Driver Index" for previous three years with an accurate UVL Van Operator Application for Qualification, PSP Report and MVR at hire (and with the DOT Annual Review thereafter with the annual MVR) using the following table:

Length of Hire w/ARC		Age		Violations*		Accidents*	
<1 Year	20 pts	< 21	45 pts	>3	60 pts	>2	60 pts
		21-24	30 pts				
1 - 2 Years	15 pts	25-29	15 pts	2	30 pts	1	30 pts
>2 Years	10 pts	30-65	10 pts	1	20 pts	0	10 pts
				0	10 pts		

*Taken from 3-year history on MVR regardless of the type of vehicle the driver was operating

Check one box for each category (Length of Hire/Contract w/ARC, Age, Violations, Accidents) and add the points for the 4 boxes selected.

Length of Hire is for the driver's time with your Agency. All new hires/transfers receive 20 points for less than 1 year.

If an applicant's Driver Index is greater than 90, you must consult with and gain the approval of ownership or Risk Management.

Use the Index as part of the decision to hire. Enter this Driver Index on the worksheet for Pre-hire or Annual Driver Performance Evaluation in the space provided. (page 14)

Annual Driver Performance Evaluation including a written Driver's Action Plan

Develop a written Action Plan for each driver that assist the ASR and the driver to improve their performance in terms of safety, quality, and production (see Page 14 for the form). Use all information records available from all reliable sources at that time including previous evaluations.

Complete the Annual Driver Performance Evaluation for existing drivers in conjunction with the DOT Annual Review using the MVR, the above Driver Index score, data from VTOP's Driver Ratings and Driver SPR, Q-View quality scores, Armstrong Risk Management Agency Reporter's records for work comp and vehicle accidents, CSA (Vigillo) scores and inspection details, previous evaluations, MCRS Cargo Claims details, etc.

Place the Annual Driver Performance Evaluation and written Action Plan in the driver's HR-Contractor or HR-Personnel file for frequent review of improvement goals.

Orientation

Complete the New Contractor Worksheet for all new contractors.

For a contractor's authorized driver, complete the following forms and review with all parties involved together:

- 1) Contractor's New Authorized Driver Worksheet
- 2) Current Qualified Driver Authorization Form

Complete the New Hire Worksheet for all new employees at hire.

Have the HR Representative obtain all current forms at www.hrconnection.com

These forms detail **ALL** of the pre-employment and post-employment documents that are necessary for contract/employment and must be completed as each applicant goes through the recruitment process.

These training records must be dated and initialed to ensure that all procedures have been completed as each step is completed and placed in the HR-Contractor or HR-Personnel file.

Training

Agency Safety Representative

- Each agency, as required, must have an employee designated to complete UniGroup's ASR Certification by attending the ASR Certification and Safety Planning workshop.
- The ASR Certification tests. (*Training certificates must be placed in the HR Personnel File.*)
 - All ASRs must take and pass the ASR test from UniGroup University with a score of 90% or higher.
 - "Agency Safety Representative (ASR) Certification Assessment"
 - The ASR Certification process is the completion of the following six on-line courses (as the new versions are released in the first quarter of 2014):
 - Hours of Service Overview
 - Hours of Service Application
 - Drivers Daily Log
 - Pre-Trip and Post-Trip Inspections
 - Roadside Inspections
 - Compliance, Safety, Accountability Overview
- The certification process requires completion of your agency's safety action plan.
- Armstrong Memphis must receive a copy of your agency's Safety Action Plan each time you provide this plan initially and annually to UniGroup.
- Require Agency Safety Representatives to complete the UniGroup University course:

Records Management at UniGroup, Inc. **ID:** rt_0001_a02_bsc_enus

- Designate an Agency Administrator for UniGroup University who will issue a sign in and password ID to each contractor/employee at the time of contract/hire so that the contractor/employee can start taking courses immediately and receive credit for them.
- Require each driver to complete the following courses in UniGroup University at a minimum: (*Training certificates must be placed in the HR Personnel or Contractor File.*)
 - New Van Operator Learning Plan (as currently required for DQ with UVL)
- In addition to courses required by UVL before Driver Qualification the following training must be completed.
 - All Hands On Deck: Safety and CSA Mandatory Webinar (recorded)
 - Crew Leaders Make the Difference
 - Lifting & Moving Equipment
 - Preparation for Moving
- Require each driver to complete training *under links on Armstrong's Safety site.*
 - Armstrong's Slips Trips Falls (Travelers)
 - Armstrong's Equipment Safety Training (Travelers)
- Require all personnel that supervise drivers to complete Driver Supervisor Training on Misuse of Drug and Alcohol on the "U" Safety site.
<https://portal.unigroupinc.com/wcm/wps/wcm/myconnect/c70d090048c4cda6864c8ee3ad15729f/drugabuse.pdf?MOD=AJPERES>

Reference link: [UniGroup Safety Forms page](#)

- Require all forklift operators to complete a training course conducted by a certified trainer employed by an outside vendor. (*Place the certificate in the HR-Personnel file.*)

Repeat forklift training every three years with a new certificate and wallet card issued in accordance with OSHA and State requirements for refresher training.

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=9828&p_table=STANDARDS

You can select someone on your staff to receive training from an outside vendor to become a certified lift truck trainer only if approved by Bob Ratton.

- Keep original certificates of training including the Orientation Worksheet noted above in the HR-Contractor or HR-Personnel file.
- A Training File with copies of completed training should be used.

DOT/HR File Creation and Maintenance

Your agency will have the following separate files at the end of this process:

- DOT Driver Qualification File (DQ File)
- DOT Driver Investigation History File (DIH File)
- DOT Vehicle Maintenance File (SAF 23)
- HR-Contractor (contractors)
- HR-Personnel (employees)
- HR-Medical (employees or contractors)
- HR-EEO/AAP (employees)
- HR-I-9 (employees)

Note: Driver's DOT Pre-hire negative drug test results or verification note are to be kept in the HR-Medical File

- Driver's DOT Pre-hire Negative Drug Test, (Employee or Contract driver) – a custody and control form is not adequate – your agency must show or have verification of the negative result before allowing a candidate to drive.
- You can write a verification note:

On this Date: ____ / ____ / ____ **United Safety Coordinator:** _____, stated a negative DOT pre-hire drug test result was received by United Safety for Driver: _____ and United assigned UVL ID# _____.

Place this DOT Pre-hire Negative Drug Test verification note in the HR-Medical file.

Maintain all files in a secure location with controlled access. Only individuals involved in the hiring process may access the DOT Driver Investigation History File.

Remember:

The requirements for companies operating commercial vehicles are regulated by a number of State and Federal authorities.

Your authority is granted conditionally.

Your operations must comply with State and Federal regulations for you to continue to operate.

You must comply with all applicable laws and regulations with jurisdictional authority over your operations.

Document Retention – DOT Driver Qualification File

http://edocket.access.gpo.gov/cfr_2006/octqtr/49cfr391.51.htm

- **Original UVL Van Operator Application for Qualification – SAF 36** – Retain during and 3 years after contract/employment with motor carrier ceases
- **Original at hire DOT Medical Exam, for CDL drivers, Medical Certificate must be provided to the State Driver's Licensing Agency – SAF-10** – Retain original during and 3 years after contract/employment with motor carrier ceases.
- **Verification of the Medical Examiner's registration in FMCSA's registry at the time the DOT Physical is performed** – Retain 3 years from the execution date
- **Self-certification of Operations at the time of the DOT Physical** – Retain 3 years from execution date
- **Original at hire UVL Road Test – SAF 50** – Retain during and 3 years after contract/employment with motor carrier ceases
- **Original at hire MVR** – Retain during and 3 years after contract/employment with motor carrier ceases
- **Original at hire copy of valid Driver's License** - Retain during and 3 years after contract/employment with motor carrier ceases
- **DOT Medical Exam** – re-certifications may be removed after 3 years from execution date
- **DOT Annual Certificate of Violations SAF-51** – may be removed after 3 years from SAF 51 execution date
- **Annual MVR** - may be removed after 3 years from execution date
- **DOT Annual Review** – may be removed after 3 years from execution date of Annual Review

Remove documents from each DOT Driver Qualification File according to the information above during your completion of the DOT Annual Review with each driver.

The *original* at hire copy of valid Driver's License, before the driver first operates a commercial motor vehicle for Armstrong/United, is required to remain in the DOT Driver Qualification File.

A *current* Driver's License copy is not a requirement to be included in the DOT Driver's Qualification File and should be kept separately in the HR-Contractor or HR-Personnel file.

Documents must also be retained in accordance with UniGroup's - *Agent Policy for the Management of UniGroup Records*, bulletin number 11-0014.

DOT Compliance Files Contents

DOT Driver Qualification File

- **UVL Application – SAF 36** – all sections must be fully completed with a 10-year work history & signed and dated by the applicant
- **Original MVR** – authorized by your agency (part of the original Background Screening report) for **CDL Drivers**, a **CDLIS MVR is required showing “medically certified”**
- **UVL Road Test – SAF 50** – the applicant’s abilities should be assessed in-vehicle
- **CDL or Driver’s License “at hire”** – a legible copy of the license must be made
- **DOT Medical Exam – SAF-10** – at hire and authorized by your agency (do not accept a card or prior examinations), maintain original and past three years
- **Verification of the Medical Examiner’s registration in FMCSA’s registry at the time the DOT Physical is performed** – Retain 3 years from the execution date
- **Self-certification of Operations at the time of the DOT Physical and provided to the SDLA** – Retain 3 years from execution date
- **Annual Certificate of Violations SAF-51** – the form must be completed by the driver, maintain past three years
- **Annual CDLIS MVR** – obtained annually on the driver’s SAF-51 anniversary date and submitted with the driver’s SAF 51 to United for update, maintain past three years
- **Annual Review** – completed by the Operations Supervisor with the driver each year on the driver’s SAF-51 anniversary date, maintain past three years

If applicable: **DOT Entry-level Driver Training** – less than 1 year driving experience
Non-CDL Van Operator Certification – 10,001-26,000 lbs Commercial
Motor Vehicle Driver (See *Armstrong Relocation SharePoint Safety Site*)

DOT Investigation History File http://edocket.access.gpo.gov/cfr_2006/octqtr/49cfr391.53.htm

- **Background Screening Provider/Armstrong Background Releases** – completed by applicant – 3 total pages (*General Release and Driver Candidate Only Drug and Alcohol Release with the included inquiry*)
- **Background Check** – from Background Screening Provider “CDL” Driver packet ordered through Armstrong’s hiring process prior to the decision to contract/hire
- **Employment Verification** – separate the sections entitled “Employment Verification” from the Background Screening Provider’s report

DOT Vehicle Maintenance File *Use EQPT & EQSR to track vehicle qualification process*

- Establish a separate SAF-23 Vehicle Maintenance File for each vehicle (truck, tractor, trailer)
- Complete the 6 spaces on the SAF-23 (Unit Number (file tab), Make, Serial, Year, Tire Size, When Purchased and then write the name (ARC or VO) of the owner of the vehicle under the line “When Purchased”)
- Complete a UVL 60 Vehicle Inspection Report as required by United for your agency and keep it in the SAF-23 for 3 years
- Place ALL repair receipts in the SAF-23 – keep for 14 months (including ALL contractor vehicle repair receipts)
- Place a schedule of maintenance in the SAF-23

Certain Definitions

CDLIS – Commercial Driver’s License Information System

Commerce – any operation of vehicles for business purpose

Commercial Motor Vehicle – any vehicle 10,001 pounds and higher by weight or registration

Background Screening Provider – third party vendor conducting background searches

DOT Medical Exam – Use of Department of Transportation approved forms and process

Interstate Commerce – any part of transportation occurring in two or more state or international jurisdictions

Intrastate Commerce – transportation occurring fully within a single state or jurisdiction

CDLIS MVR – CDL driver Motor Vehicle Report provided by State agency having jurisdictional authority and reporting “Self Certification of Operations” and “Medically Certified”

Non-CDL Driver or Van Operator – Operator of any commercial motor vehicle 10,001 pounds up to 26,000 pounds and not required by the residence state to have a Commercial Driver’s License of a Class A or Class B for either Interstate or Intrastate Commerce

Qualified Driver – Operator of any Commercial Motor Vehicle

SDLA – State Driver’s Licensing Agency that has authority to issue commercial driver’s license

Self-Certification of Operations – Document provided the SDLA determining regulatory compliance for driver status as non-exempt and operating in Interstate commerce

Verification of the Medical Examiner’s registration in FMCSA’s National Registry of Certified Medical Examiners – review the web site on the date of driver’s medical exam and print the medical examiner’s information from the National Registry web site.

Load/Unload Assessment – Driver Performance

- Require various staff members who visit jobsites to complete the audit sheet (Measuring Vital Performance) on Page 14 on a regular basis. Take action to correct identified deficiencies in each driver's performance.
- Inspect and inventory the equipment in each trailer twice a year (fall & spring) using the form (Agency Moving Equipment Inspection) on Page 15.

Claims Reporting

- Designate an individual to be responsible for reporting Auto, General Liability and Workers Compensation claims to Risk Management and notify Risk Management
- Notify Risk Management immediately if your designated Claims Reporter changes
- Insure that your designated Claims Reporter has received training in claims reporting from Risk Management in Memphis and has the Risk Management Claims Manual
- Report all Workers Comp claims to Risk Management Workers Compensation Director within 24 hours
- Report and Record any DOT Reportable Accident in your DOT Accident Register immediately (all others within 24 hours)
- Train all drivers in accident reporting (this training is documented on the New Hire, New Contractor, Contractor's New Authorized Driver Worksheets)
- Maintain the yearly OSHA 300 log and other required OSHA reports (direct company employee's injuries only) by a trained staff member.
 - **Do not include injuries to contractors or their helpers.**

Obtain the OSHA 300 log form at:

<http://www.osha.gov/recordkeeping/new-osha300form1-1-04.xls>

Performance Evaluations

• President's Checklist	Page 13
• Annual Driver Performance Review	Page 14
• Measuring Vital Performance	Page 15
• Agency Moving Equipment Inspection	Page 16
• Risk Management Assessment Form	Page 17
• Exhibits	Pages 18-20

UniGroup Presentation Slides for ASR Resources

- Safety Performance Monitoring Resources
- UniGroup Drug Testing and Alcohol
- Accident Reporting and Prevention
- Log Compliance – Hours of Service
- Safety Action Plans

See United Bulletin Number 14-0004 effective 1/1/14 for Common Owner Safety Performance Rating Calculation.

This bulletin explains United's revised CSA/SPR that is being changed to the Safety Performance Measure (SPR) in 2014.

The SPR is the Home Office measurement methodology for evaluating both van operator and agency safety performance in 2014.

§ 385.5 Safety fitness standard. To meet the safety fitness standard, the motor carrier must demonstrate it has adequate safety management controls in place, which function effectively to ensure acceptable compliance with applicable safety requirements.

President's Checklist

- | | | |
|---|-----|----|
| 1. I have spot checked a minimum of 3 DQ files (page 7-9) | Yes | No |
| a. A completed Application - SAF 36 | Yes | No |
| b. A completed DOT Medical - SAF-10 previous 3 years | Yes | No |
| c. Verified Medical Examiner registered in FMCSA's registry | Yes | No |
| d. An original MVR | Yes | No |
| e. An annual MVR (if with my agency >1 year previous 3 years) | Yes | No |
| f. A Road Test - SAF-50 | Yes | No |
| g. A copy of the original CDL | Yes | No |
| h. An original SAF-51 | Yes | No |
| i. A current SAF-51 (if with my agency >1 year previous 3 years) | Yes | No |
| j. A DOT Annual Review (if with my agency >1 year previous 3 years) | Yes | No |
| k. A pre-employment/contractor drug test CCF & a negative result note | Yes | No |
| l. The background screening provider's employment check (DIHF) | Yes | No |
| 2. I have (page 5) | | |
| a. qualified ALL my drivers with UVL | Yes | No |
| b. calculated a Driver Index for each driver (page 4) | Yes | No |
| c. completed a written Action Plan for each driver (page 13) | Yes | No |
| 3. I have spot checked 3 HR-Contractor & HR-Personnel files (page 7) | Yes | No |
| a. New Hire/Contractor/Contractor's New Authorized Driver Worksheet | Yes | No |
| b. Certificates for the following courses | | |
| i. New Van Operator Learning Plan | Yes | No |
| ii. Lifting & Moving Equipment | Yes | No |
| iii. Preparation for Moving | Yes | No |
| iv. Armstrong's Slips Trips Falls (Traveler's) | Yes | No |
| v. Armstrong Equipment Safety Training (Traveler's) | | |
| c. Supervisors have completed Training on Misuse of Drug and Alcohol | Yes | No |
| d. Certificates for all forklift operators | Yes | No |
| e. My UniGroup University Administrator is _____ | | |
| 4. I have reviewed Load/Unload Assessments (page 10, 14, 15) for: | | |
| a. 3 MVP checklists (page 14) | Yes | No |
| b. 3 Agency Moving Equipment Inspection completed forms (page 15) | Yes | No |
| 5. I have spot checked 3 Maintenance files (page 9) | Yes | No |
| a. All file folders are SAF-23's | Yes | No |
| b. The 6 spaces on the front are complete & the title owner is shown | Yes | No |
| c. Each has a VIR-60 as required by United for my agency | Yes | No |
| d. Repair receipts are inside | Yes | No |
| e. A maintenance schedule is in place | Yes | No |
| 6. I have addressed the following (page 5 & 10) | | |
| a. An ASR has been UniGroup Certified and certificates are filed | Yes | No |
| b. A Claims Reporter has been designated | Yes | No |
| c. My Claims Reporter has been trained by Risk Management | Yes | No |
| d. The current DOT Accident Register is maintained | Yes | No |
| e. Injuries and accidents are reported within 24 hours | Yes | No |
| f. Every driver has been trained in accident reporting | Yes | No |
| g. A current OSHA300 Log is maintained | Yes | No |
| 7. I have implemented and reviewed our Agency Safety Action Plan | Yes | No |

Annual Driver Performance Evaluation

A DOT Annual Review meeting DOT requirements was completed on _____ and the DOT required form was placed in the DOT Driver's Qualification File.

The following data is found on the Driver Rating sheet and in VTOP-RT/SI with the exception of the WC Claims and Vehicle Accidents. Obtain this data from your Agency Risk Management Claims Reporter. You calculate the Driver Index – see page 4.

Driver ID	Name	VTOP Rating	SPR	HHGS Claims	Customer Survey	Miles	Shipments

WC Claims* 3 years	Vehicle Accidents 3 years	SPR Points	Late Logs	All Log Violations	All Driver Violations	All Vehicle Violations	Driver** Index

* Include "Contractor's Helpers"

** Page 4

Driver is currently being monitored for improvement in a specified CSA BASIC Yes No

of New Hire PSP roadside violations: _____

Vigillo CSA points: _____ Date: _____

Training completed during last 12 months:

New Van Operator Learning Plan 2014 (required for DQ with UVL) _____

All Hands On Deck: Safety and CSA Mandatory Webinar (recorded) _____

Crew Leaders Make the Difference _____

Lifting & Moving Equipment _____

Preparation for Moving _____

Armstrong's Slips Trips Falls _____

Armstrong's Equipment Safety Training _____

Other: 1. _____ 2. _____

List the driver's strengths:

-
-
-
-

List areas that need improvement:

-
-
-
-


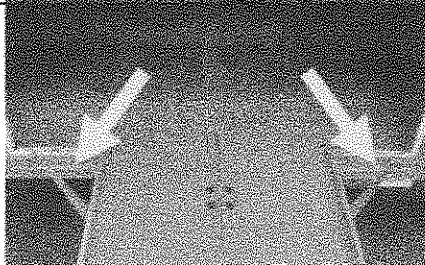



Develop and monitor this Driver's Safety Action Plan. Assure the CSA Safety Management Cycle is implemented for improvement in the following CSA Basics. *SMCs are on the safety site*

-
-
-

Completed by: _____ Date: _____

Measuring Vital Performance

Job#: _____ Driver: _____ Unit#: _____ Date: _____ Assessor: _____

Exposure	Best Practice	Yes	No	Not observed
 <p>Falls from equipment</p>	<ul style="list-style-type: none"> • Driver uses “3-point system” to access tractor or trailer (2 hands and 1 foot or 1 hand and 2 feet in contact with the vehicle at all times) • Faces vehicle entering & exiting • Hands free of objects (objects placed on seat prior to entering cab) 			
 <p>Falls from walkboards</p>	<ul style="list-style-type: none"> • Walkboard secured to trailer with strap (arrows) • Strap anchored in E track at both ends • Strap runs through both hooks installed on underside of walkboards • Strap tight so walkboard does not move away from trailer when pulled by hand • Boards pinned together with both pins 			
 <p>Falls from ladders</p>	<ul style="list-style-type: none"> • Double-sided ladder used • All 4 feet contact floor • Both spreaders locked • Ladder strapped to trailer (yellow arrow) • Worker's belt buckle stays between side rails • Top 2 steps not used for standing (blue arrows) 			
 <p>Falls from trailers</p>	<ul style="list-style-type: none"> • 2 straps across all open doors without a walkboard • Straps at knee and waist heights (arrows) 			
 <p>Falls from ground objects</p>	<ul style="list-style-type: none"> • Walkway to residence clear and free of objects • Cardboard taped to residence floor 			

Agency Moving Equipment Inspection



Inspected By _____		Vehicle Unit # _____		BI Annual Insp Date _____	
Driver _____					
Walkboard	Count _____	Good _____	Need Repair _____	Unsafe _____	
<i>comment:</i>					
Max Load = _____	Top or Side cracked	Non-Slip Surface worn	Top rail missing bolts	Hinges bent	
Walkboard Securement Hardware Installed? YES _____ NO _____					
Ladder	Count _____	Good _____	Need Repair _____	Unsafe _____	
<i>comment:</i>					
Max Load = _____	Steps or Side Rail cracked	Spreader bars bent	Non-Slip Feet missing	Top Cap Bolts loose	
Appliance Dolly	Count _____	Good _____	Need Repair _____	Unsafe _____	
<i>comment:</i>					
Max Load = _____	Ratchet Assembly broken	Tires - wheels damaged	Axis bent or damaged	Blade or Lip bent, cracked	
	Stairclimber Belts damaged		Rail Pedding damaged		
Carton Dolly	Count _____	Good _____	Need Repair _____	Unsafe _____	
<i>comment:</i>					
Max Load = _____	Handles or Rails damaged	Tires flat or cut	Axis or Wheels bent	Blade or Lip bent, cracked	
4-Wheel Dolly	Count _____	Good _____	Need Repair _____	Unsafe _____	
<i>comment:</i>					
Max Load = _____	Rails cracked-broken	Casters damaged	Top Pads damaged	Axes hampered by debris	
Logistics Straps	Count _____	Good _____	Need Repair _____	Unsafe _____	
<i>comment:</i>					
Max Load = _____	Webbing cut	E-track Latch broken	Buckle Latch broken	Joint Stitching damaged	
Auto Tie-down	Count _____	Good _____	Need Repair _____	Unsafe _____	
<i>comment:</i>					
Max Load = _____	Webbing cut	E-track Latch broken	Ratchet broken	Joint Stitching damaged	
Decking Bars	Count _____	Good _____	Need Repair _____	Unsafe _____	
<i>comment:</i>					
Max Load = _____	Bar bent or cracked	E-track Latch damaged	Sliding Rail Stop missing	Thumb Lock missing	
Plywood Decking	Count _____	Good _____	Need Repair _____	Unsafe _____	
<i>comment:</i>					
Thickness = _____	Corners damaged	Edges splintered	Surfaces dry rotted		
Other _____	Count _____	Good _____	Need Repair _____	Unsafe _____	
<i>comment:</i>					
Pads	Count _____	Good _____	Fair _____	Soiled _____	
Skins	Count _____	Good _____	Fair _____	Soiled _____	
Burlaps	Count _____	Good _____	Fair _____	Soiled _____	
Appliance Pads	Count _____	Good _____	Fair _____	Soiled _____	

Risk Management Elements		max	
		(pts)	Score
1 Driver Qualifications - (%015 driver's files reviewed)			
1a	UVL Application SAF-36 (UVL Form required)	10	
1b	UVL DOT Medical Exam SAF-10 (UVL Form preferred)	10	
1c	Pre-use Negative Drug Test	10	
1d	Original MVR	10	
1e	Background Check	10	
1f	UVL Road Test SAF-50	10	
1g	CDL	10	
1h	Annual Review	10	
1i	UVL Certificate of Violations SAF-51 (UVL form required)	10	
2 Driver Evaluation			
2a	% of all drivers (contractors, authorized drivers, employees) UVL qualified >10,001 lbs	10	
2b	% of all drivers with a Driver Index <90	10	
2c	% of all drivers with CSA scores of <25	10	
2d	% of all drivers with a CSA >25 have a developed Safety Action Plan	10	
3 Orientation			
3a	% of New Hire Worksheet completed	10	
3b	% of New Contractor Worksheet completed	10	
3c	% of Contractor's New Authorized Driver Worksheet completed	10	
4 Training			
4a	% of forklift operators (designated, casual, authorized) who have completed OSHA training & have a certificate	10	
4b	% of drivers trained in Completing the New VO Learning Plan	10	
4e	% of drivers trained in Preparation for Mowing	10	
4f	% of drivers trained in Lifting and Moving Equipment	10	
4g	% of drivers trained in Preventing Slips/Falls (Travelers)	10	
4h	% of drivers trained in Armstrong Equipment Safety (Travelers)	10	
6 Maintenance			
6a	% of vehicles with a Maintenance File (SAF-23)	10	
6b	% of files with a current vehicle inspection (UVL 60 VIR)	10	
Total		240	0

Exhibits

DOT Annual Review form

U.S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY PROGRAM ANNUAL REVIEW OF DRIVING RECORD 391.25

Name (Last, First, M.I.) (Soc. Sec. No.)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- ☐ the driver meets the minimum requirements for safe driving, or
- ☐ the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

Motor Carrier's Name

Reviewed by: Signature and title

SAF-23 Vehicle Maintenance File folder

MAKE _____	Unit Number _____
SERIAL _____	
YEAR _____	
TRAILER _____	
WHEN PURCHASED _____	
OWNER _____	

VEHICLE MAINTENANCE

FMCSA Section 386.3
The records shall be retained where the vehicle is either licensed or maintained for a period of 1 year and for 9 months after the motor vehicle leaves the motor carrier's control.

60SAF-23 Rev. 1-85

DOT Accident Register

FROM .20 TO .20

OSHA 300 Log

Log of Work-Related Injuries and Illnesses

Year 20

[illegible]

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 104

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Finally, regarding the impact of the characteristics of advertising management on advertising performance, the results were consistent with the previous study and suggest that the more involved and active the advertising management, the more the advertising performance. In addition, the characteristics of advertising management were found to have a significant positive effect on advertising performance. The findings suggest that advertising management is an important factor in determining advertising performance. Therefore, it is recommended that advertising management should be improved to enhance advertising performance.

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Page 1 of 1

Year	Log GDP	Log Population	Log GDP per Capita	Log Life Expectancy	Log Literacy
1960	7.5	1.5	6.0	5.5	4.5
1970	8.0	1.6	6.4	5.8	4.8
1980	8.5	1.7	6.8	6.0	5.0
1990	9.0	1.8	7.2	6.2	5.2
2000	9.5	1.9	7.6	6.4	5.4

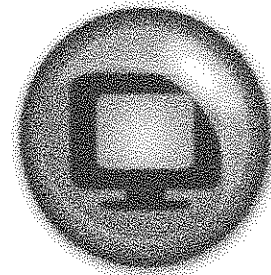
WHAT RESOURCES DO YOU USE FOR MONITORING PERFORMANCE?

PG 5

Resources for Monitoring Performance

Current

- VTOP
- VOPR
- EQPT
- EQSR
- LCAM
- Vigillo
- SkyBitz



Resources for Monitoring Performance

Future Enhancements

- Agency Dashboard
- Missing Log Report
- Weekly HOS Infractions

Agency Dashboard

U12345 YOUR MOVING & STORAGE, INC.									
Agency Safety Representative (ASR): Steve Sturgeon									
Agency Safety Dashboard									
As of August 20, 2013									
CSA BASICS									
(2 Year All Drivers)									
15.1.99 View Ranking, Details, Audit Schedule, Inspection									
OVERALL RP		AGENT AVERAGE				SYSTEM AVERAGE			
VAN OPERATOR RP		2.5				2.5			
VEHICLE MAINTENANCE RP		2.1				2.2			
		2.3				2.3			
BASIC	RP by BASIC	Peer Ranking by BASIC	JULY 2012	JULY 2013	CHANGE	% CHANGE			
CSA Points	2.0	10/100	140	70	-70	-50.0%			
CSA Compliance	0.5	10/100	27	15	-12	-44.4%			
CSA Compliance	0.5	10/100	25	15	-10	-40.0%			
CSA Compliance	0.1	10/100	0	0	0	0.0%			
CSA Compliance	0	10/100	0	0	0	0.0%			
CSA Compliance	2.5	10/100	25	40	15	60.0%			
CSA Compliance	0.0	10/100	0	0	0	0.0%			
CSA Compliance	0.0	10/100	0	0	0	0.0%			
CSA-SPR									
Rating 12 Months									
6.134		Peer Ranking by CSA-SPR		System Average		1.00	1.00	1.00	1.00
CSA-SPR		TOTAL MILES		MILES/INSPECTION		MILES/INSPECTION		MILES/INSPECTION	
JULY 2012: 5,000		500,227		110		ACCIDENT		106,237	
JULY 2013: 7,250		110		ACCIDENT		ACCIDENT		106,237	
CHANGE: 2,250		LATE LOGS		77		SYSTEM AVERAGE		1,049,500	
CLEAN MEANS GREEN									
(2 Year Inspection All Drivers)									
0.135 View Ranking, Details, Audit Schedule, Inspection									
TOTAL INSPECTIONS		20		AGENT AVG.		1.2		1.2	
CLEAN INSPECTIONS		10		SYSTEM AVG.		2.2		2.2	
% CLEAN INSPECTIONS		50.0%							
SYSTEM AVG %		50.0%							
SAFETY STAR RATING									

Weekly Missing Log Report

Our system indicates the following FMCSA required logs are missing for your agency's van operator(s).

Please review this information with your van operator(s) and submit the missing log(s) to Home Office immediately to avoid van operator disqualification.

AGENCY M999999 HAS 2 DRIVERS WITH 5 MISSING LOGS.

M12345 JONES, JOHN
2013-09-08, 2013-09-09, 2013-09-10

M54321 SMITH, WILLIAM
2013-09-10, 2013-09-11



Weekly Hour-of-Service Report

Our system indicates the following FMCSA hours-of-service violation(s) that were assessed during the last seven days for your agency's van operator(s).

Please review hours-of-service rules with van operator(s) to prevent future violations which may lead to van operator disqualification.

Hours-of-service questions or other Safety questions may be directed to the Safety hotline at 866-564-5463.

HOS VIOLATIONS FOR AGENCY U 1234

U999999 OPERATOR, VAN
HOS VIOL: 14 HOUR, LOG DATE 2013-01-24 FEE: \$50.00
HOS VIOL: 14 HOUR, LOG DATE 2013-01-25 FEE: \$100.00



DRUG AND ALCOHOL TESTING

Drug and Alcohol Testing Case Studies

Case Study - Post Accident

Highway traffic comes to a sudden stop. Your van operator is able to safely stop his rig, but a driver in a sports car is unable to stop and runs into the back of your van operator's trailer. The sports car had the top down and the driver was ejected and is pronounced dead at the scene. Your driver is not cited. He is interviewed and released by the police.




Drug and Alcohol Testing Case Studies

Case Study – Random

It's 3:30 PM on a Thursday afternoon and one of your van operators calls you to advise that their dispatcher just informed them they were selected for a random drug test. The driver is in slow moving traffic and estimates it will take him at least 2 – 2 ½ hours to get to the collection site the dispatcher gave him and the collection site closes at 5:00 PM.

PG 18

UniGroup 

DOT Five Panel Drug Test

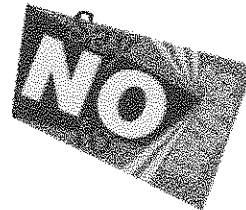
Marijuana

Cocaine

Opiates

Amphetamines


Phencyclidine



Discussion:

- What about legalized medical Marijuana?
- Legalized recreational Marijuana?

PG 19

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Drug and Alcohol Testing

Reason	Drug	Alcohol
Pre-Employment	YES	NO
Random	YES	Sometimes
Post Accident	YES	YES
Reasonable Suspicion	Sometimes	Sometimes
Return-to-duty/follow-up	Sometimes	Sometimes

Discussion:

- Which drivers are required to be tested?
- How many drivers must be randomly drug tested?
- How many drivers must be randomly alcohol tested?
- When is a Reasonable Suspicion Drug or Alcohol Test required?
- When is a Return-to-duty or follow-up Drug or Alcohol Test required?

PG 19-20

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Post Accident Drug & Alcohol Testing

Did the accident result in a fatality?

- If yes, the van operator must be tested, if no:

Was the van operator cited?

- If no, the van operator does not need to be tested, if yes:

1. Were individuals transported from the scene due to injuries?

and/or

2. Were any vehicles towed from the accident scene?

- If yes to 1 and/or 2, the van operator needs to be tested, if no then no testing is required.

Drug and Alcohol Testing

How long does a van operator have to complete testing?


Type	Time Period
Pre-Employment	Within 30 days prior to qualification
Random	Immediately upon notification
Post Accident	As soon as practical; alcohol test within 8 hours, drug test within 32 hours
Reasonable Suspicion	Immediately – Van operator is removed from service pending testing results
Return-to-duty / Follow-up	Prior to returning to duty and randomly as dictated by SAP (Substance Abuse Professional)

Discussion:

What happens if a van operator fails or refuses to test?



PG 20

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ACCIDENT REPORTING AND PREVENTION

Case Study: Accident Reporting

- Turning into fuel stop
- Car attempts to pass on right
- Car veered to avoid collision, no impact
- Car jumped curb, is damaged needs tow



Accident Defined

DOT Recordable Accidents include:

- Fatality
- Injury requiring treatment away from the scene
- Vehicle(s) towed due to disabling damage

Accidents Requiring Reporting:

- Death or any injury
- Damage to cargo
- Property damage greater than \$1,000



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Accident Reporting to Safety Department

- Immediate telephone report
(within first workday)
- Time records for date of accident and prior 7
(within 3 workdays)
- Maintenance records for prior 12 months
(within 3 workdays)
- Van operator's accident report located in
back of log book (within 24 hours)



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Accident Prevention

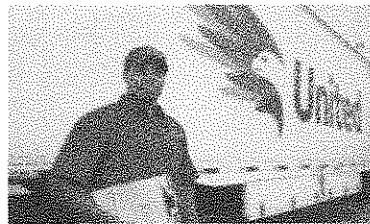
- Accident countermeasures available from FMCSA.
- Defensive Driving course on UniGroup University.
- Defensive Driving course available from National Safety Council.



LOG COMPLIANCE – HOURS-OF-SERVICE

Case Study – No Logs for Prior 7 days

- Did not have logs for the prior 7 days
- Shutdown at the scale
- How could this have been avoided?



100 Air-Mile Radius Exception

Type of Exception

- Log book not required

Conditions That Must Be Met:

- Return to normal work reporting location within 12 consecutive hours and be relieved of duty
- Stay within 100 air-mile radius of normal work reporting location
- Must have a minimum of 10 hours off duty between work periods
- Must comply with 11 hour rule



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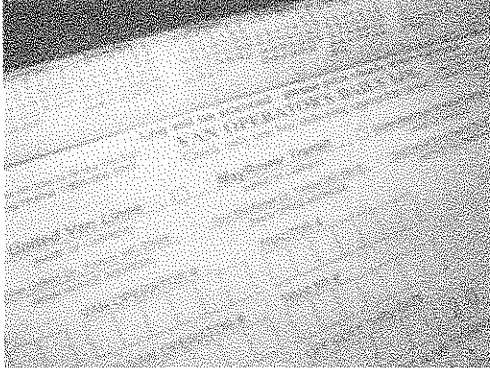
100 Air-Mile Radius Exception

- Employer must maintain and retain for a period of 6 months accurate and true time records showing:
 - The time the driver reports for duty each day
 - The total number of hours the driver is on duty each day
 - The time the driver is released from duty each day



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HOS: 11-Hour Driving Limit



May drive a maximum of
11 hours after 10
consecutive hours off duty.



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HOS: 14-Hour Limit



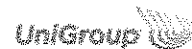
- May not drive beyond the 14th consecutive hour after coming on duty, following 10 consecutive hours off duty.
- Off-duty time does not extend the 14 hour period.



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On Duty, Not Driving (Line 4)

- Loading, unloading or handling paperwork
- Inspecting equipment (pre-trip)
- At the scene of an accident
- Waiting for repairs roadside
- Random drug and alcohol testing



On Duty - Not Driving (Line 4)

- Attending required training
- Other work for a motor carrier, paid or unpaid (Includes local and intrastate work)
- Any other compensated work
- Fueling
- Roadside Inspection



Case Study – Exceeding the Hours of Service 14 Hour Rule

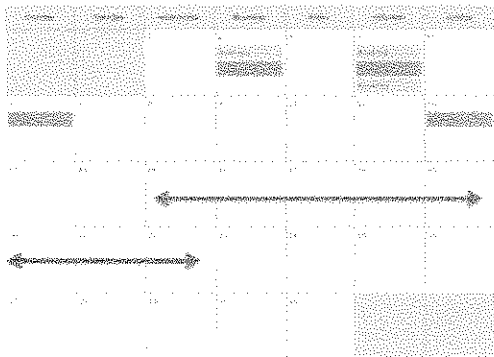
- Rain delay at loading
- Van Operator will be out of hours by the time loading is completed
- Mentioned he can drive back to the OA anyway



PG 23

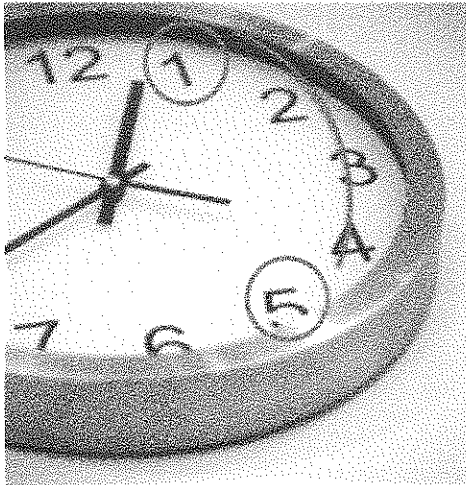
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HOS: 70-Hour Duty Limit




May not drive after 70
hours on duty in 8
consecutive days.

HOS: 34-Hour Restart (Optional)

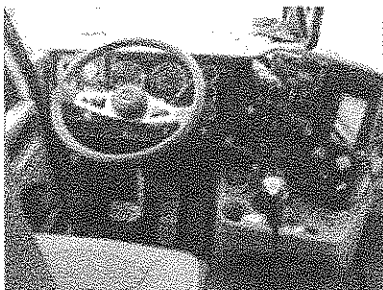


- Minimum of 34 consecutive hours off-duty or sleeper berth or a combination of the two.
- Must include two periods from 1:00 a.m. to 5:00 a.m., home terminal time.
- May only be used once per week, 168 hours, measured from the beginning of the previous restart.



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HOS: Rest Breaks



- May drive only if 8 hours or less have passed since end of van operator's last off-duty or sleeper-berth period of at least 30 minutes.
- Look for sweet spot between 6th and 8th hours for 1 break a day.
- More breaks as needed to manage fatigue.



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HOS: When Can Van Operators Drive?



When they have:

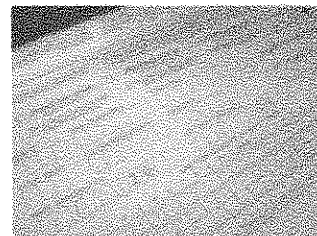
- Less than 70 total duty hours (line 3 driving and line 4 on-duty not driving) accumulated today and in the last 7 days.
- Less than 14 hours since they started their work day (includes all lines 1, 2, 3, 4) following a 10 hour break.
- Less than 11 hours of driving time within that 14 hour period.
- Less than 8 hours since their last off-duty or sleeper berth period of at least 30 minutes.



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Log Challenge

- Review the Log Challenge in your participant guide
- Work individually to identify problems or violations
- Discuss with your table group
- Be prepared to report out



PG 24-26

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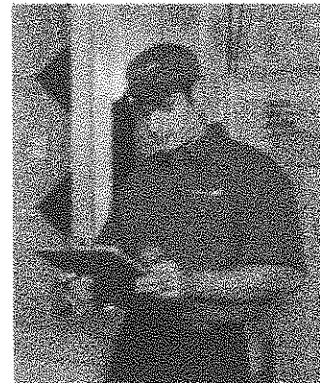
Costly and Dangerous HOS Violations are Easy to Avoid

- Communicate with van operators.
- Monitor and audit logs proactively.
- Zero-tolerance for willful violations.
- Recognize and award top performers.



Case Study - Van Operator Nick Kostas Trade Show Delayed at Origin

- Loading a trade show shipment from exhibit house
- Loads Wednesday, delivers to trade show on Friday 862 miles away
- Delayed at origin waiting for one piece
- Cannot make Friday 6:00am delivery.



PG 27



Monitoring and Support Really Works

- Re-audit results show that 60% of van operators improve safety compliance performance in 90-day period following their audit.
- “A real privilege to have worked with the log auditor in the monitor process.”
- DOT Inspector, “His logs were the cleanest I've seen in a long time.”



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Accident + HOS Violation = Huge Liability

Van operator operating safely in adverse conditions.

- Passenger car hydroplaned and crossed center line.
- Car driver died instantly, toddler and passenger survived.

Dangerous industry

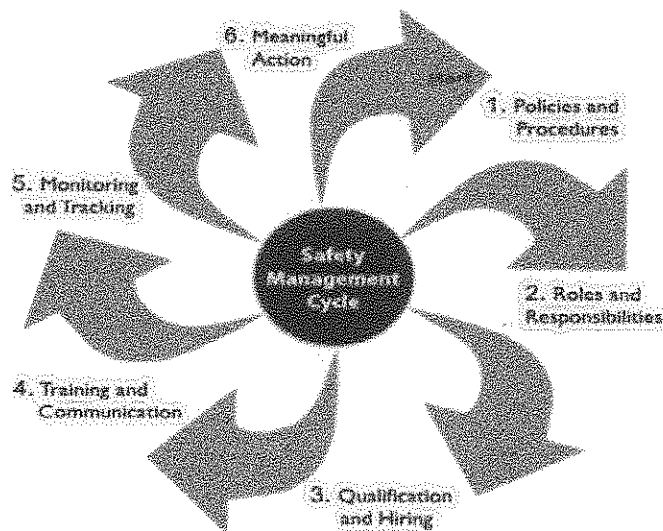
- What if van operator had log violations?



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SAFETY ACTION PLAN

Safety Management Cycle (SMC)



http://csa.fmcsa.dot.gov/about/SMC_Overview.aspx



SAFETY ACTION PLAN

SAFETY GOAL/OBJECTIVE:

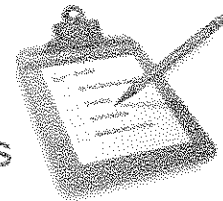
- Specific
- Measurable
- Actionable
- Relevant
- Time-Driven

PG 37

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Begin Development of Safety Action Plan

- Use the template that's in your folder.
- Work with your agency team to identify which BASIC you should work on.
- Walk through the six steps, respond to questions and determine where action is needed to correct deficiencies.
- and identify actions for each one.
- The final product is due 30 days from today.



PG 37

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VAN LINES' VAN OPERATOR AND AGENCY SAFETY POLICIES

Index

- 1.0 VAN OPERATOR QUALIFICATIONS
- 2.0 BACKGROUND CHECK
- 3.0 DRUG AND ALCOHOL TESTING
- 4.0 VAN OPERATOR LOGS
- 5.0 OUT-OF-SERVICE
- 6.0 MOVING VIOLATIONS
- 7.0 ACCIDENTS
- 8.0 UNQUALIFIED VAN OPERATOR/CONTRACT TRUCKMEN /EQUIPMENT
- 9.0 UNAUTHORIZED PASSENGER
- 10.0 VEHICLE MAINTENANCE/INSPECTION
- 11.0 SAFETY REVIEW COMMITTEE
- 12.0 HAZARDOUS MATERIALS
- 13.0 FLEET SAFETY POLICY

1.0 VAN OPERATOR QUALIFICATIONS

Index

- 1.1. A van operator must meet the following qualifications:
 - 1.1.1. Must be a minimum of 21 years old.
 - 1.1.2. Must be able to read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make written entries on reports and records.
 - 1.1.3. Must be able, through experience, training, or both, to safely operate the type of motor vehicle driven.
 - 1.1.4. Must be able, through experience, training, or both, to determine whether the cargo being transported has been properly located, distributed, and secured in or on the motor vehicle driven.
 - 1.1.5. Must be familiar with methods and procedures for securing cargo in or on the motor vehicle driven.
 - 1.1.6. Must be physically qualified to drive a motor vehicle in accordance with Subpart E – Physical Qualifications and Examinations of Federal Motor Carrier Safety Regulations (FMCSR) 391.41.
- 1.2. If a van operator or applicant fails to meet the stated physical requirements and uses the provisions of FMCSR Section 391.49 regarding physical waivers, the following Van Lines' procedure shall apply:
 - 1.2.1. All qualification information, physical, waiver documentation, and medical records shall be submitted to the Van Lines' Safety department for review.
 - 1.2.2. If all qualification requirements other than the physical portion are met, the medical information will be forwarded to the Van Lines' Safety manager for review.

- 1.2.3. If physical documentation (including drug testing requirements), waiver documentation, and medical records are found to be complete, the documents will be forwarded to Van Lines' medical consultant.
- 1.2.4. It shall be the responsibility of the medical consultant, after reviewing all pertinent information, to order further tests and medical examinations in St. Louis, Mo., as necessary for evaluation of the van operator applicant's physical ability to operate a commercial motor vehicle.
- 1.2.5. All expenses regarding transportation to St. Louis, Mo., and costs for further testing and examination shall be borne by the agency sponsoring the van operator for qualification.
- 1.2.6. The medical consultant shall submit to Van Lines, in writing, the findings of his/her evaluation and recommendation for qualification.
- 1.2.7. The Van Lines' Safety manager will coordinate all activities regarding the waiver evaluation and will make the final qualification decision, using the medical consultant's evaluation and recommendation and discussion with division management as the basis.
- 1.3. Must complete and furnish Van Lines with an application for employment in accordance with FMCSR Part 391.21.
- 1.4. Any material falsification or misrepresentation of the qualification information during the qualification process or after the van operator is qualified will subject the individual to immediate disqualification from Van Lines' service.
- 1.5. Must have a current, valid commercial motor vehicle driver's license (CDL) or a valid license for the vehicle being operated issued from the state of residence.
- 1.6. Must successfully complete a driver's road test in accordance with FMCSR Part 391.31, or has presented an operator's license or a certificate of road test, which Van Lines has accepted as equivalent to a road test in accordance with FMCSR Part 391.33.
- 1.7. Must have 30 days' commercial driving experience indicating professional performance for the Master Lease fleet and one year for the Continental fleet.
- 1.8. Must have 30 days' experience in household goods moving and handling or non-household goods (Third Proviso/Special Commodities) experience to be qualified for the Master Lease fleets and one year's experience for the Continental fleet.
- 1.9. Must receive new van operator orientation and ongoing training from qualifying agent.
- 1.10. Must prepare and furnish the motor carrier with a list of violations or a certificate as required by FMCSR 391.27.

- 1.11. Is not disqualified to drive a motor vehicle under the rules set forth in section 391.15 (FMCSR); this includes multiple driving/criminal violations (e.g., felony use of a vehicle, driving under the influence of drugs/alcohol, leaving the scene of an accident).
- 1.12. An applicant shall not have more than two moving traffic citations in the 12 months preceding the application and no more than four citations in the 36 months preceding the application.
- 1.13. An applicant:
 - 1.13.1. must not have pled guilty to, or been convicted of, operating a noncommercial motor vehicle while under the influence of alcohol or a controlled substance during the 36-month period prior to the date of the application, and an applicant may have no more than one such conviction on his/her entire record; or
 - 1.13.2. must not have pled guilty to, or been convicted of, operating a commercial motor vehicle while under the influence of alcohol during the 60-month period prior to the date of the application, except that if the offense was in connection with an accident or the offense occurred during the time the applicant was previously qualified to operate for Van Lines, the applicant will not be eligible for qualification to operate for Van Lines; or
 - 1.13.3. who has pled guilty to, or been convicted of, operating either a commercial motor vehicle or noncommercial motor vehicle while under the influence of alcohol on more than one such occasion will not be eligible for qualification to operate for Van Lines; or
 - 1.13.4. who has pled guilty to, or been convicted of, operating a commercial motor vehicle while under the influence of a controlled substance will not be eligible for qualification to operate for Van Lines.
- 1.14. Cannot have more than one preventable accident while operating a commercial vehicle in the 12 months preceding application and no more than two preventable accidents in the 36 months preceding application.
- 1.15. An applicant shall not be eligible for qualification if he/she has been convicted of one of the following felonies; hereafter referenced as Type 1 Felonies:
 - a. a felony which resulted in taking of a life including but not limited to capital murder, first degree murder, second degree murder, homicide and manslaughter.
 - b. a felony which resulted in serious physical injury including but not limited to assault or battery causing serious physical injury.
 - c. a felony involving a sexual offense including but not limited to rape, sexual assault, sodomy, deviate sexual assault and child molestation.
 - d. a felony involving organized criminal activity including but not limited to extortion, racketeering, and drug distribution.
 - e. a felony involving the use of weapons including but not limited to armed criminal action, burglary and robbery.

- f. a felony involving a hate crime.
- g. a felony involving kidnapping.
- h. a felony involving terrorist activity.
- 1.15.1. An applicant shall not be eligible for qualification if he/she has pled guilty or has been convicted of a felony within thirty-six (36) months of the date of the application and the applicant may not have two (2) or more felony convictions on his/her entire record.
- 1.15.2. An applicant shall not be eligible for qualification if he/she has pled guilty or been convicted of a misdemeanor (excluding non-alcoholic and/or non-drug driving/traffic-related violations) within twenty-four (24) months of the date of the application, and the applicant may not have three (3) or more misdemeanor convictions within the last ten (10) years.
- 1.15.3. If an applicant has a felony conviction (other than a Type 1 Felony) within the last ten (10) years, then he/she may not have more than one misdemeanor in the last ten (10) years.
- 1.15.4. An applicant shall not be eligible for qualification if he/she has been incarcerated for a non-traffic misdemeanor or felony conviction within twelve (12) months of the date of the application.
- 1.16. A guilty finding entered by a court shall be deemed under these standards to be a conviction.
- 1.17. An applicant shall not be eligible for qualification if he/she is on court probation/parole for any criminal misdemeanor or felony or if the applicant has criminal misdemeanor (excluding non-alcoholic and/or non-drug driving/traffic-related violations) or felony charges pending.
- 1.18. Any van operator in violation of the driver qualification regulations as set forth in the Federal Motor Carrier Safety Regulations (FMCSR) will be assessed a \$100 fine for each violation. Multiple violations within a 24-month period will result in further disciplinary action up to and including suspension or permanent disqualification.
- 1.19. Any van operator operating a Commercial Motor Vehicle (CMV) with a revoked, suspended, cancelled license/Commercial Drivers License (CDL), or medically unqualified to operate a CMV or operating a CMV without the proper license/CDL will be permanently disqualified.

2.0 BACKGROUND CHECK

[Index](#)

- 2.1. Prior to qualification, a background check will be performed on all drivers, and the cost of such background check shall be borne by the agent.

3.0 DRUG AND ALCOHOL

[Index](#)

- 3.1. Drug and alcohol program includes all van operators and second van operators, regardless of their license.

- 3.2. Van Lines prohibits the use, possession, transportation, or distribution of illegal or unauthorized drugs, illegal drug paraphernalia, and alcohol throughout the Van Lines' system.
- 3.3. Van operators and other personnel involved with vehicles are prohibited from reporting for duty or being on duty after having used or ingested illegal drugs; having abused, used, or ingested unauthorized drugs; having abused, used, or ingested other prohibited drugs, including alcohol.
- 3.4. Such personnel are further prohibited from reporting for duty or being on duty under the influence of such drugs or alcohol.
- 3.5. The prohibited drugs shall include:
 - 3.5.1. those prohibited by federal, state, or local laws;
 - 3.5.2. those drugs described in and/or referred to in the Federal Motor Carrier Safety Regulations;
 - 3.5.3. prescription drugs not properly prescribed for bona fide medical use;
 - 3.5.4. possession of drug paraphernalia to the extent that it violates state or local law; and
 - 3.5.5. any other abused drug or substance, including alcohol.
- 3.6. Such personnel are further prohibited from reporting for duty or being on duty while taking legally prescribed drugs that impair their ability to operate a commercial motor vehicle. Any van operator who tests positive for a legally prescribed drug that carries a warning prohibiting the taking of the drug while operating a motor vehicle will be deemed to have violated this Drug and Alcohol Testing section. The first violation will result in suspension for up to 30 days. A second violation within a 36-month period will subject the van operator to an 18-month suspension from Van Lines' service.
- 3.7. As a condition for qualification as a van operator in Van Lines' service, and as a condition for continued requalification as a van operator in Van Lines' service, all applicants for qualification or requalification (if there is a break in Van Lines' service) shall take a drug screening test. These tests shall be administered prior to qualification or requalification. If the final test results are positive, qualification or requalification shall be denied. If the applicant chooses not to take the tests, qualification or requalification shall be denied.
- 3.8. Applicants who test positive for drugs will not be considered for qualification for 18 months.
- 3.9. Any applicant or van operator will not be reconsidered for qualification with two of the following:
 - 3.9.1. positive drug or alcohol results;
 - 3.9.2. refusal to be drug and alcohol tested;

- 3.9.3. or any combination of a positive drug and alcohol test results and/or refusal to be tested.
- 3.10. Van Lines shall have the right to drug screen and alcohol test immediately any van operator when there is any evidence, suspicion, or behavior indicating that the person may be under the influence of drugs or alcohol. In addition, Van Lines will, as required by federal requirements, select van operators at random for periodic drug screening and alcohol testing. If the person does not take the test, he/she will be disqualified from Van Lines' service for 18 months.
- 3.11. Van operators will be notified of a random drug/alcohol test in compliance with the Federal Motor Carrier Safety Regulations.
- 3.12. When notified of a random drug/alcohol test, the van operator is to report immediately to the collection facility with no more than four hours to elapse between the notification and actual testing. If the van operator fails to report for testing within four hours or refuses to be tested, this will result in disqualification for 18 months from Van Lines' service.
- 3.13. Any van operator who tests positive for drugs or for alcohol under the random drug and alcohol testing program will be disqualified from Van Lines' service for 18 months.
- 3.14. A refusal or failure to submit to a prequalified, random, unscheduled or reasonable suspicion drug or alcohol test will result in an 18-month disqualification. Refusal to submit to a post-accident drug or alcohol test or a positive post-accident drug or alcohol test will result in permanent disqualification. For purposes of this policy, a van operator shall be deemed to have refused a test when he/she fails to provide an appropriate sample when a laboratory (clinic) is ready, willing and available for testing and the van operator has the reasonable opportunity to present himself/herself to a laboratory (clinic) for testing.
- 3.15. A blatant refusal to submit to a drug or alcohol test will result in a 24-month disqualification. Blatant is defined as an overt and obvious refusal to submit to a test.
- 3.16. All costs associated with the drug and alcohol program will be billed to the agency with which the van operator is affiliated.
- 3.17. Any van operator consuming alcohol within four hours prior to operating a CMV will be permanently disqualified.
- 3.18. Any van operator operating a CMV and found to be in possession of alcohol or a controlled substance will be permanently disqualified.

- 3.19. Van operators operating a commercial motor vehicle who have tested 0.02% or greater breath alcohol content will be permanently disqualified on the first offense.

4.0 VAN OPERATOR LOGS

Index

- 4.1. A \$10 fine will be assessed against any Van Lines' van operator for each log that is received by the Home Office Safety department more than 21 days after the date of the log.
- 4.2. The van operator shall submit or forward by mail the original record of duty status (log) to the Home Office Safety department within 13 days following the completion of the form. All logs will be considered missing if not received by the Home Office Safety department within 21 days from the date of the log. Fourteen individual days of missing logs may result in the van operator being suspended from operating in Van Lines' service until the logs are completed and received by the Van Lines' Home Office Safety department.
- 4.3. Any van operator in violation of the hours-of-service or record-of-duty status rules as set forth in the FMCSR will be assessed a \$100 fine for each violation. Multiple violations within a 24-month period will result in further disciplinary action up to and including suspension or permanent disqualification. In all such infractions, appropriate safety infraction points will be assessed.
- 4.4. Intentional and willful violations will be subject to more severe penalties up to and including permanent disqualification.

5.0 OUT-OF-SERVICE

Index

- 5.1. Any van operator who has been placed out of service at a roadside inspection for violating the hours-of-service regulations or for a controlled substance or alcohol violation must report the incident immediately by calling the Home Office Safety department before returning to duty.
- 5.2. Any van operator who has been placed out of service at a roadside inspection for any other reason must report the incident to the Home Office within 24 hours of the violation.
- 5.3. Any van operator who fails to notify the Safety department as required by policy shall be subject to a 30-day suspension.
- 5.4. Any van operator who has an out-of-service violation for being in possession of a controlled substance will be permanently disqualified.
- 5.5. Any van operator found to be in violation of an out-of-service violation by leaving before the designated time period specified in the out-of-service order or leaving prior to having required repairs as designated by the out-of-service order and at the direction of the law enforcement officer may be permanently disqualified.

- 5.6. A van operator and agent shall have the right to appeal any sanction imposed for an out-of-service violation. The appeal must be made in writing to the Van Lines' Safety Manager, describing the mitigating circumstances that warrant a formal review by the Van Lines' Safety Review Committee.

6.0 MOVING VIOLATIONS

Index

- 6.1. Any van operator who is qualified to operate in Van Lines' service, and who pleads guilty to or is convicted of an offense involving:
- 6.1.1. leaving the scene of an accident involving a commercial motor vehicle;
 - 6.1.2. driving a commercial motor vehicle while under the influence of a controlled substance;
 - 6.1.3. use of a commercial motor vehicle in the commission of a felony; or
 - 6.1.4. a DUI, DWI, OWI while in a commercial motor vehicle
- will be permanently disqualified from Van Lines' service.
- 6.2. Any van operator who is qualified to operate in Van Lines' service and who pleads guilty to or is convicted of a DUI, DWI, OWI or operating a motor vehicle under the influence of a controlled substance which does not involve a commercial motor vehicle will be disqualified from Van Lines' service for a period of 18 months from the date of conviction or when the Safety department learns of the conviction, whichever is later.
- 6.3. Any van operator in violation of a moving or traffic regulation as set forth in the FMCSR will be assessed a \$100 fine for each violation. Multiple violations within a 24-month period will result in further disciplinary action up to and including suspension or permanent disqualification.
- 6.4. Any van operator who fails to notify the Home Office Safety department when their license has been suspended, revoked, canceled or disqualified may be subject to disciplinary action including but not limited to disqualification from Van Lines' service. The notification must be made before the end of the business day following the day the van operator received notice.
- 6.5. Intentional and willful violations will be subject to more severe penalties up to and including permanent disqualification.

7.0 ACCIDENTS

Index

- 7.1. Any van operator or van operator's agent who fails to report any accident by telephone immediately (no later than the first workday) to the Van Lines' Safety department and fails to submit a written report within 24 hours of the accident will result in the van operator being suspended from Van Lines' service until such time as all requirements are met, the incident examined and appropriate point(s) assessed.
- 7.2. Any van operator who fails to report an accident or attempts to conceal facts relating to an accident will be subject to disqualification from Van Lines' service.

- 7.3. In case of a serious accident, Van Lines' reserves the right to suspend the van operator from service pending investigation, regardless of fault.
- 7.4. Any van operator who has two preventable accidents within a 12-month period will be monitored for 12 months after the second accident. A third preventable accident within the ensuing 12-month period will result in the van operator being disqualified from Van Lines' service. A van operator will remain disqualified until such time as the guidelines are met.
- 7.5. Any van operator who has three preventable accidents during any consecutive 36-month period will be monitored for 12 months. Any subsequent preventable accident during this period will result in the van operator being disqualified from Van Lines' service. A van operator will remain disqualified until such time as the guidelines are met.
- 7.6. Any van operator involved in an accident determined to be the result of gross negligence or willful carelessness will be subject to immediate disqualification.
- 7.7. For the purpose of this policy, an accident is defined as an incident if it:
- 7.7.1. is deemed DOT recordable pursuant to the Federal Motor Carrier Safety Regulations (FMCSR), or
 - 7.7.2. results in damage to the cargo being transported, or
 - 7.7.3. results in death or injury, or
 - 7.7.4. results in property damage greater than \$1,000.

8.0 UNQUALIFIED VAN OPERATOR/CONTRACT TRUCKMEN /EQUIPMENT

[Index](#)

- 8.1. A van operator is defined as unauthorized when:
- 8.1.1. qualification records do not exist;
 - 8.1.2. the van operator has been deleted from Van Lines' service; or
 - 8.1.3. van operator is disqualified or suspended.
- 8.2. For the purposes of this policy, unauthorized equipment is defined as any equipment that:
- 8.2.1. is not registered with the Fleet Registration department;
 - 8.2.2. does not have an assigned Van Lines' equipment number;
 - 8.2.3. has been deleted from the registration system.
- This excludes equipment such as tractors, trailers, straight trucks, and pack vans that are leased or rented on a short term/emergency basis, as long as the equipment is in compliance with all the Federal Motor Carrier Safety Regulations.
- 8.3. Any agent who uses unauthorized equipment or van operators (which includes contract truckmen) in Van Lines' service will be subject to:
- 8.3.1. a \$2,000 fine for the first offense.
 - 8.3.2. A second offense within 24 months of the first offense will result in a \$5,000 penalty, and the agent could be subject to more severe penalties

up to and including termination for subsequent violations within a 36-month period.

8.4. Any van operator who allows an unqualified/unauthorized person to drive his vehicle while in Van Lines' service shall be subject to disqualification from Van Lines' service and subjects the agent to the appropriate fine indicated above.

8.5. A van operator that is qualified to operate on behalf of Van Lines Van Lines must notify the Van Lines' Safety department if felony or misdemeanor criminal charges are filed against the van operator. The Van Lines' Safety department needs to be notified to ensure the van operator can be qualified and can continue to operate on Van Lines' authority within DOT's rules and procedural regulations. Any van operator that fails to notify the Van Lines' Safety department within thirty (30) days of such filing of criminal charges may be subject to disciplinary action, including but not limited to disqualification from Van Lines' service.

9.0 UNAUTHORIZED PASSENGER

Index

9.1. Any van operator found to be transporting an unauthorized passenger:

9.1.1. Shall immediately remove the passenger from the unit.

9.1.2. Any expense incurred by such action shall be borne solely by the van operator or his/her agent.

9.1.3. In addition, any van operator who transports an unauthorized passenger shall be subject to a fine of \$100.

10.0 VEHICLE MAINTENANCE/INSPECTION

Index

10.1. All vehicles qualified to operate in Van Lines' service are required to have an inspection two times a year. Required dates for continental units to be inspected are April 10 and October 10. Regional vehicle inspections are required every 180 days. Management will exercise the discretion and prerogative to require quarterly inspections of an agent with a poor record indicating such action is warranted.

10.2. Agent to retain vehicle maintenance records as required by the FMCSR.

10.3. Any equipment, inspection, repair, maintenance, or cargo securement violations set forth in the FMCSR will be assessed a \$100 fine for each violation. Multiple violations within a 24-month period will result in further disciplinary action up to and including suspension or permanent disqualification.

10.4. Intentional and willful violations will be subject to more severe penalties up to and including the van operator being permanently disqualified.

11.0 SAFETY REVIEW COMMITTEE

Index

11.1. The Safety Review Committee will notify the van operator and the agency at least 21 days prior to the van operator's appearance before the Safety Review

Committee. The notice shall advise the agency that should a representative of senior management from the agency fail to attend the van operator review, the van operator will be suspended until both the agency's senior management representative and the van operator can appear before the Safety Review Committee.

11.2. An agent with a van operator who is suspended or disqualified under these safety policies shall have a right to appeal.

11.3. The appeal shall be made in writing to the Van Lines' Safety Manager, setting forth all reasons that warrant a formal review by the Van Lines' Safety Review Committee.

11.4. The Van Lines' Safety Review Committee membership will be comprised of management from the Safety, Agency Development, Legal, Operations and Loss Control departments.

12.0 HAZARDOUS MATERIALS

[Index](#)

12.1. Van Lines is not an authorized hazardous materials carrier. Van Lines will not allow handling of hazardous materials by its agents or van operators. No material classified as hazardous by the Department of Transportation (DOT) shall be transported in Van Lines' service. The DOT hazardous material classification can be determined by referencing the product's Material Safety Data Sheet (MSDS). The MSDS is available from the product manufacturer. If a violation is found, disciplinary action will be taken, up to and including suspension or termination.

13.0 FLEET SAFETY POLICY

[Index](#)

13.1. Any agent with a Safety Performance Rating (SPR) less than Van Lines' standard on June 30 of each year will be ineligible for an additional unit in the Continental Fleet for the following calendar year.

13.2. An agent who fails to achieve the quality safety standard for two years in any three-year period will:

13.2.1. lose an existing unit in the Continental Fleet. An agent losing a Continental unit under this provision will have this unit reallocated in the calendar year following attainment of a Safety Performance Rating meeting or exceeding Van Lines' standard;

13.2.2. be "locked-out" of the DTON feature;

13.2.3. be required upon notification by the Van Lines' Safety department to submit to the Van Lines' Home Office a written, detailed safety improvement plan for the agency. An agency that remains in noncompliance after review and acceptance of a safety improvement plan will be required to send a representative from its senior management to appear before the Van Lines' Safety Review Committee.

13.2.4. be referred to Agency Development for review and final disposition.

- 13.3. Any van operator who exceeds Van Lines' standard for CSA points will be subject to disciplinary action up to and including suspension or permanent disqualification.

VAN OPERATOR QUALIFICATION REQUIREMENTS

The following items are required for a van operator to be qualified. Please allow six (6) working days for processing.
(Check when Completed)

- _____ **APPLICATION (SAF-35)**
The application must be filled out completely and signed by the van operator. The employment section must list the applicant's history for the previous ten (10) years, with any gaps explained. Periods of schooling, unemployment, or self-employment must be indicated.
- _____ **ALCOHOL/DRUG TEST INFORMATION RELEASE FORM (SAF-15)**
The release must be signed and submitted along with the completed application before the background investigation can be started.
- _____ **DISCLOSURE AND RELEASE (SAF-51)**
This release must be signed and submitted along with the completed application, before the background investigation can be started. The van operator applicant will retain, for their records, the summary of rights under the Fair Credit Reporting Act.
- _____ **INSURANCE VERIFICATION (INS-15)**
All van operators who enter into UniGroup service must have the required bodily and worker's comp insurance.
- _____ **PHYSICAL EXAMINATION FORM (SAF-10)**
Only properly completed physical examinations done on the correct form will be accepted. Physicals cannot be older than one (1) year. The Medical Examiner's Certificate Wallet Card (SAF-11A) is to be kept by the van operator. The reverse side of this card authorizes the van operator to log meal stops as "off-duty".
Note: The UniGroup Safety Department reserves the right to require the applicant to undergo further medical evaluation to determine the applicant's ability to perform all necessary functions as a van operator.
- _____ **ROAD TEST EXAMINATION (SAF-50)**
Needed if applicant doesn't hold CDL.
- _____ **MOTOR VEHICLE DRIVER'S CERTIFICATION (SAF-51)**
The van operator applicant shall declare all traffic violations (other than parking) on this form within the past twelve (12) months.
- _____ **DRUG AND ALCOHOL EDUCATION RECEIPT (SAF-59)**
Each van operator applicant is required to review the drug and alcohol educational material (SAF-13). The van operator applicant must sign the receipt for this material. The signed receipt is required for qualification.
- _____ **WEIGHING RULES (SAF-45)**
The van operator applicant must read and sign this form.
- _____ **SAFETY REGULATIONS (SFT-QF-010-06/21/2013)**
The van operator applicant must read and sign this form.
- _____ **STATISTICAL INFORMATION (SAF-50)**
This form is strictly voluntary.
- _____ **FMCER POCKETBOOK RECEIPT (60 SAF-56)**
The van operator applicant will retain the FMCER Pocketbook for reference and return the receipt to the Safety Department.
- _____ **PHOTOCOPY OF COMMERCIAL DRIVER'S LICENSE (CDL)**
A legible copy must be included for qualification. Always check the CDL for restrictions and class.
- _____ **MINIMUM TRAINING REQUIREMENT FOR ENTRY-LEVEL COMMERCIAL VEHICLE OPERATIONS**
Must be completed and a copy of the certificate returned to the Safety Department for all CDL van operator applicants with less than twelve (12) months of commercial driving experience and any non-CDL applicant.
- _____ **NEW VAN OPERATOR (NVO) ONLINE CLASSES**
All eight (8) UniGroup University online classes must be completed prior to a van operator applicant being qualified.
Note: The classes only need to be completed once prior to the van operator's initial qualification. If a van operator is re-qualifying or transferring to a different agent and has not previously completed all eight (8) online classes, then a seven (7) day temporary qualification will be given to allow the van operator time to complete the classes. Regional Safety Department and UniGroup Home Office Safety Training can be substituted in lieu of the online classes only if completed prior to requalification or transferring.

Safety Department will obtain

- _____ **CONTROLLED SUBSTANCE TEST RESULTS _____ (COCH)**
No van operator will be qualified prior to the receipt of a negative drug test result. The drug testing will be done according to the UniGroup Safety Department's policies and procedures.
- _____ **MOTOR VEHICLE RECORD (MVR) _____ (State)**
The UniGroup Safety Department will obtain this. The MVR must be approved by the Safety Department.
- _____ **BACKGROUND INVESTIGATION (BI)**
Employment and criminal investigations will be completed on all van operator applicants. The results will be reviewed by the Safety Department to determine qualification.

NO VAN OPERATOR WILL BE PLACED INTO SERVICE UNTIL ALL REQUIRED DOCUMENTS ARE RECEIVED!

- ☐ United Safety Commitment
- ☐ PSP Release
- ☐ Statement of Duty Time

VAN OPERATOR APPLICATION FOR QUALIFICATION

UniGroup®

Van Operator: Check Appropriate Carrier
(Check Only One Carrier)

☐ **United Van Lines, LLC**
One United Drive
Fenton, MO 63026
636-326-3100

☐ **Mayflower Transit, LLC**
One Mayflower Drive
Fenton, MO 63026
636-305-4000

☐ **United Mayflower
Container Services**
One Premier Drive
Fenton, MO 63026
636-305-5000

PLEASE PRINT ALL INFORMATION

☐ Continental Fleet ☐ Master Lease ☐ Co-Van Operator ☐ Non-CDL
☐ Contract Truckmen ☐ Household Goods ☐ Special Services ☐ Container

DATE _____

AGENCY # _____ NAME _____ LOCATION _____

P E R S O N A L	Name (Last)		(First)		(Middle)		Date of Birth		Social Security No.	
	Address (Street)		(City)		(State)		(Zip)		How Long?	
	List additional addresses within last 5 years								How Long?	
	Email Address									
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Authorization # _____									
	PERSON TO NOTIFY IN CASE OF EMERGENCY		Name _____				Phone No. _____			
			Address (Street)		(City)		(State)		(Zip)	
	For purpose of verifying past employment, have you been previously known by any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify name(s): _____									
	Can you read, write and speak the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	Have you ever been convicted of a felony or misdemeanor, or released from prison in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully: When? _____									
Are you on legal probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully: _____										
Do you meet the required minimum qualifications, and without reasonable accommodation, are you able to perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____										
Within the preceding three (3) years, have you refused submission to or tested positive to a B.O.T. required drug or alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No										
EDUCATION Indicate Highest Grade Completed: _____										

J O B H I S T O R Y	I understand that the information I provide on past employment will be used by the prospective employer. I am aware that previous employers will be contacted to investigate my Safety Performance History Information.										
	MILITARY SERVICE <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate branch, dates, type of discharge and rank: _____										
	JOB HISTORY Begin with present or most recent job (explain any gap). Applicant needs to show 10 years of job history. Use additional sheet if necessary.										
			From Mo. / Yr.	To Mo. / Yr.	Position	Supervisor	Reason for Leaving	Did you participate in.....	Safety Sensitive Position	Subject to FMCSRs	Drug & Alcohol Testing
	Name	Phone No.							Yes No	Yes No	Yes No
	Street	()									
	City	State									
	Name	Phone No.							Yes No	Yes No	Yes No
	Street	()									
	City	State									
Name	Phone No.							Yes No	Yes No	Yes No	
Street	()										
City	State										
Have you been qualified with any UniGroup agency/dealer before? _____ Agency/Dealer Name _____ When _____											
Any other household goods carriers? _____ If yes, carriers name _____											

EXPERIENCE HISTORY:	Local Operation		Over-the-Road			Local Operation		Over-the-Road	
	From	To	From	To		From	To	From	To
	Mo / Yr	Mo / Yr	Mo / Yr	Mo / Yr		Mo / Yr	Mo / Yr	Mo / Yr	Mo / Yr
Loading/Unloading Household Goods					Driving Straight Truck				
Loading/Unloading Electronic Equipment					Driving Tractor/ Trailer Unit				
Loading/Unloading Special Commodities					Other				

D R I V I N G I N F O R M A T I O N	QUALIFICATIONS - VAN OPERATOR					
	CURRENT COMMERCIAL DRIVERS LICENSE (CDL)	ISSUING STATE	LICENSE OR CDL NUMBER	CLASS	EXPIRATION DATE	
	List Previous Licenses Held in Last Three Years					
	Any restrictions on your present license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____					
	Has a denial, revocation, or suspension of any license, permit, or privilege to operate a motor carrier ever been issued to you? <input type="checkbox"/> Yes <input type="checkbox"/> No _____					
	If yes, give details _____					
	Have you ever been convicted or forfeited bond for driving while under the influence of alcohol or a controlled substance or public intoxication? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, give details _____					
	ACCIDENT HISTORY					
	List all accidents in which you have been involved during the last three years. Begin with the most recent. (Attach additional sheet if necessary) Please write "NONE" if applicable.					
	LOCATION (City & State)	DATE	NATURE OF ACCIDENT (Head-On, Upset, Etc.)	TYPE OF VEHICLE	No. Injuries	No. Fatalities
TRAFFIC VIOLATIONS						
List all violations of Motor Vehicle Laws or Ordinances (other than parking) of which you have been convicted or forfeited bond during the last three years. Please write "NONE" if applicable.						
	LOCATION	DATE	NATURE			

C E R T I F I C A T I O N R E L E A S E	CERTIFICATION - RELEASE TO BE READ AND SIGNED BY APPLICANT	
	I understand that if I am Qualified, any misrepresentation or omission of a material fact on this Application for Qualification or during an interview, if any, may be cause for disqualification at any time. The carrier may verify the information which I have provided in the course of its consideration of this Application for Qualification.	
	I additionally authorize UniGroup, Inc; its subsidiaries including its interstate transportation service agency or dealer; and such other designated agents (individually or collectively "Carrier") to conduct a thorough investigation, such information which may include but is not limited to my past employment, education, criminal history, driving history (including but not limited to driving citations/violations/accidents, cargo loss and/or damage claims history, and quality operational performance), references, and activities, from time to time as deemed necessary in Carrier's sole discretion to determine my current and/or ongoing qualification and eligibility to occupy a position to perform safety sensitive functions on behalf of Carrier. I authorize all persons who may have information relative to this investigation to disclose such requested information to Carrier. This specifically includes but is not limited to the release of information by my present and former employers, law enforcement agencies, courts, criminal justice agencies, educational institutions, financial institutions, military records, landlords, creditors, and others, whether or not specifically mentioned herein. I hereby release any party or individual, including Carrier, Carrier's agencies/dealers, affiliates, employees, officers and directors; and such records custodians, from any and all liability from damages of whatever kind or nature which I may incur at any time arising out of or in any way related to Carrier's attempts to obtain information pursuant to this Certification-Release.	
	I do hereby acknowledge my due process rights as set forth in the Disclosure and Release form (SAF-61) which is included hereto in incorporated by reference regarding the background safety investigation conducted by UniGroup for the prior employers that I have identified in the Van Operator Application for Qualification.	
	This certifies that the application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge and belief.	
	I certify that I am a genuine applicant for a van operator position and this application is being submitted solely for the purpose of seeking qualification with the carrier and for no other reason.	
	Applicant's Signature _____ Date _____	

ADDITIONAL JOB HISTORY

JOB HISTORY Begin with present or most recent job (explain any gap). Applicant needs to show 10 years of job history.											
Did you participate in											
			From Mo./Yr.	To Mo./Yr.	Position	Supervisor	Reason for Leaving	Safety Sensitive Position	Subject to FMCSRs	Drug & Alcohol Testing	
Name	Phone No.							Yes	No	Yes	No
Street	()										
City	State										
Name	Phone No.							Yes	No	Yes	No
Street	()										
City	State										
Name	Phone No.							Yes	No	Yes	No
Street	()										
City	State										
Name	Phone No.							Yes	No	Yes	No
Street	()										
City	State										
Name	Phone No.							Yes	No	Yes	No
Street	()										
City	State										
Name	Phone No.							Yes	No	Yes	No
Street	()										
City	State										

Have you been qualified with any UniGroup agency before? Agency Name When

Any other household goods carriers? If yes, carrier's name



ALCOHOL/DRUG TEST INFORMATION AND RECORDS RELEASE FORM

I understand and acknowledge that, pursuant to Federal Law (49 C.F.R. Part 382), it is a condition precedent to my qualification to perform safety sensitive functions on behalf of UniGroup, Inc ("UniGroup") for UniGroup to obtain the results of all Department of Transportation (DOT) or other applicable government required drug and alcohol tests (including refusals to be tested) from all companies for which I have provided safety sensitive functions within the preceding three (3) years, whether as an employee, independent contractor or as an employee or contractor of an agent of the previous company, or for whom I took a pre-employment or pre-qualification drug and/or alcohol test during the preceding three (3) years. I hereby authorize UniGroup or the Profile Supervisor at its representative, LexisNexis or HireRight, to obtain from all those companies for which I either provided safety sensitive functions or to which I applied for qualification or employment during the previous three (3) years the following information:

- I. All positive controlled substance (drug) test results during the preceding three (3) years.
- II. All alcohol test results of 0.04 or greater during the preceding three (3) years.
- III. All instances in which I refused to submit to a U.S. Department of Transportation required drug or alcohol test during the preceding three (3) years, (including verified adulterated or substituted drug tests results).
- IV. Any other violations of DOT agency drug and alcohol testing regulation.
- V. Any documentation which may not be in possession of prior employment of contraction company regarding completion of DOT return-to-duty requirements. (49 C.F.R. Part 40)

I AUTHORIZE AND DIRECT all persons having information relative to this investigation to disclose such information to UniGroup. This specifically includes the release of information by my PRESENT AND FORMER CARRIERS OR EMPLOYERS, law enforcement agencies, courts, criminal justice agencies, educational institutions, financial institutions, military services, landlords, credit agencies, creditors or any others, whether or not specifically mentions herein.

I have read, understood, and received a copy of this authorization.

(Signature of Applicant for Qualification)

(Printed name of Applicant for Qualification)

(Date)

Indicate Van Line:

- ☐ United Van Lines, LLC
☐ Mayflower Transit, LLC
☐ United Mayflower Container Services, LLC

UniGroup.

DISCLOSURE AND RELEASE
(Form SAF-61)

This is to inform you that as a part of our procedure for processing your application for qualification to perform services for a UniGroup Company, or for your continued qualification thereafter, a consumer report may be obtained for qualification purposes. This inquiry may include information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. Attached is a summary of your rights under the Fair Credit Reporting Act. You have the right to make a written request within 30 days for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation to:

- Lexis Nexis, PO Box 105108, Atlanta, GA, 30302, (800) 845-6004
- HireRight, 4500 South 129th East Avenue, Suite 200, Tulsa, OK 74134, (800) 331-9175

I authorize all corporations, companies, credit agencies, financial institutions, educational institutions, persons, law enforcement agencies, former employers and the military services to release all written and verbal information about me to Lexis Nexis or HireRight. I release them from any liability and responsibility from doing so. I also authorize the procurement of a consumer credit report and understand that it may contain information about my background, mode of living, personal characteristics, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

The applicant/van operator may request a copy of their employment history after being qualified or being notified of denial of employment.

MN, CA, and OK Residents please note: in connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota, Oklahoma, and California law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

- ☐ Yes, I am a Minnesota resident and would like a free copy of my consumer report.
- ☐ Yes, I am an Oklahoma resident and would like a free copy of my consumer report.
- ☐ Yes, I am a California resident and would like a free copy of my investigative consumer report.

Van Operator Applicant Name (Printed)

Van Operator Applicant Name (Signature)

Agency/Dealer Name (Printed)

Agency/Dealer Location (Printed)

Agency/Dealer Number

Indicate Van Line:

- ☐ United Van Lines, LLC
- ☐ Mayflower Transit, LLC
- ☐ United Mayflower Container Services, LLC

A Summary of Your Rights Under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy – to creditors, employers, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>).

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must give you the name, address, and phone number of the CRA that provided the report.
- **You can find out what is in your file.** A CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to a "risk score" or a "credit score" that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA, and if you request the report within 60 days of receiving the denial notice. You are also entitled to one free report a year if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) unless your dispute is frivolous. The CRA also must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness, and the CRA provides you a written notice that includes the name, address and phone number of the source.
- **Inaccurate information must be deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, they may not continue to report it if it is in fact an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to those who have a need recognized by the FCRA – usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your permission.
- **You can stop a CRA from including you on lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, 1-888-567-8688, it must keep you off the list for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.

- **You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.

- **Identify theft victims and active duty military personnel have additional rights.** For more information visit www.ftc.gov/credit.

You may have additional rights under state law. You may wish to contact a state or local consumer protection agency or a state attorney general to learn those rights.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:
CRAs, creditors and others not listed below

National banks, federal branches/agencies of foreign banks (word "National" or initials N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings Associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) Federal Credit Unions (words "Federal Credit Union" appear in institution's name)

Banks that are state-chartered or are not Federal Reserve System members

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission Activities subject to the Packers and Stockyards Act, 1921

PLEASE CONTACT:
Federal Trade Commission
Bureau of Consumer Protection-FCRA
Washington DC 20580 *877-382-4357

Office of the Comptroller of the
Currency Compliance Management,
Mail Stop 6-6
Washington DC 20219 *800-613-6743

Federal Reserve Board
Division of Consumer & Community Affairs
Washington DC 20551 *202-452-3693

Office of Thrift Supervision
Consumer Programs
Washington DC 20552 *800-842-6929
National Credit Union Administration
1775 Duke Street
Alexandria VA 22314 *703-519-4600

Federal Deposit Insurance Corporation
2345 Grand Ave., Suite 100
Kansas City, MO 64108 *877-275-3342

Department of Transportation
Office of Financial Management
Washington DC 20590 *202-366-1306
Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington DC 20250 *202-720-7051

IMPORTANT

**THIS FORM MUST BE RETURNED TO THE UNIGROUP SAFETY DEPARTMENT
WITH QUALIFICATION KIT DOCUMENTS OR WHEN VAN OPERATOR'S
STATUS (EMPLOYEE/OWNER OPERATOR) CHANGES**

Agency/Dealer Number _____

Indicate Van Line ☐ United Van Lines, LLC ☐ Mayflower Transit, LLC
☐ United Mayflower Container Services, LLC
☐ New Qualification ☐ Status Change (Employee to Owner Operator or vice versa)

Van Operator Name _____

ID# _____

Social Security # _____

VAN OPERATOR WORKERS' COMPENSATION & BOBTAIL INSURANCE COVERAGE

All van operators must carry workers' compensation insurance (covering themselves and any employees) and bobtail liability (\$1,000,000 limit and naming UniGroup and its subsidiaries as an additional insured.) Both policies must grant UniGroup 30 days notice of cancellation. These coverages are required for van operators to qualify or remain qualified with the van lines.
 These coverages can be obtained by:

1. Purchasing independent coverage through a licensed insurance company with evidence (Insurance Certificate) forwarded to the UniGroup Safety Department; or
2. Obtaining coverage through the Vanliner Insurance Company by calling TransProtection Service Company's Contractors Insurance Department at 636-349-3921.

Please complete the following:

1. What is driver's relationship with your company (check one):
☐ employee (paid by W-2) ☐ Independent owner/operator or contract van operator (paid by 1099)
☐ other (explain: _____)
2. ☐ Insurance application is being processed through Vanliner.
3. ☐ If independent owner/operator or contract van operator, not insured through Vanliner, please attach **Certificate of Insurance** indicating workers' compensation and bobtail liability coverages (sample on back).

Independent Owner/Operator Contract Status

Please complete the following.

If driver is an independent owner/operator, driver ☐ has ☐ has not executed an approved Independent Contractor Operating Agreement with agency prior to being placed into service.

Date of Independent Contractor Operating Agreement _____, 20 _____.

Completed _____ Date _____
 (Agency/Dealer Representative)

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

00/00/00

PRODUCER

INSURANCE AGENT
ADDRESS
CITY, STATE, ZIP

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER

A

INSURANCE COMPANY

COMPANY LETTER

B

COMPANY LETTER

C

COMPANY LETTER

D

COMPANY LETTER

E

INSURED

#1 DRIVER
ADDRESS
CITY, STATE, ZIP

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY				GENERAL AGGREGATE
	COMMERCIAL GENERAL LIABILITY				PRODUCER-OCCUP/OPS AGGREGATE
	CLAIMS MADE				PERSONAL ADVERTISING LIABILITY
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE
					FIRE DAMAGE (Any one loss)
					MEDICAL EXPENSE (Any one person)
A	AUTOMOBILE LIABILITY	111	00/00/00	00/00/00	COMBINED SINGLE LIMIT
	ANY AUTO non-trucking				\$ 1,000
	ALLOWED AUTOS				BODILY INJURY (Per person)
	SCHEDULED AUTOS				BODILY INJURY (Per accident)
	HIRED AUTOS				PROPERTY DAMAGE
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE
	OTHER THAN UMBRELLA FORM				AGGREGATE
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	222	00/00/00	00/00/00	STATUTORY
					MISSOURI
					\$ 100 (EACH ACCIDENT)
					\$ 500 (DISEASE-POLICY LIMIT)
					\$ 100 (DISEASE-EACH EMPLOYEE)
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

UNIGROUP, INC. AND ITS SUBSIDIARIES ARE NAMED AS ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR. WORKERS COMPENSATION INCLUDES: SOLE PROPRIETOR; EMPLOYEES INCLUDING CASUAL LABOR; AND ALL STATES COVERAGES.

CERTIFICATE HOLDER

UNIGROUP, INC.
ATTN: SAFETY DEPARTMENT
ONE PREMIER DRIVE
FENTON, MO 63026

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Kathy E. Hance

Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION

Driver completes this section

Driver's Name (Last, First, Middle)	Social Security No.	Birthdate M / D / Y	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	New Certification Recertification Follow-up	Date of Exam
Address	City, State, Zip Code	Work Tel: ()	Driver License No.	License Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other	State of Issue	
Home Tel: ()						

2. HEALTH HISTORY

Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any illness or injury in the last 5 years?		Lung disease, emphysema, asthma, chronic bronchitis		Fainting, dizziness	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Head/brain injuries, disorders or illnesses		Kidney disease, dialysis		Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Seizures, epilepsy		Liver disease			
<input type="checkbox"/>		<input type="checkbox"/>			
medication		Digestive problems			
<input type="checkbox"/>		<input type="checkbox"/>			
Eye disorders or impaired vision (except corrective lenses)		Diabetes or elevated blood sugar controlled by:		Stroke or paralysis	
<input type="checkbox"/>		diet		<input type="checkbox"/>	
<input type="checkbox"/>		pills		<input type="checkbox"/>	
Ear disorders, loss of hearing or balance		insulin		Missing or impaired hand, arm, foot, leg, finger, toe	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Heart disease or heart attack; other cardiovascular condition		Nervous or psychiatric disorders, e.g., severe depression		Spinal injury or disease	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
medication		medication		Chronic low back pain	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Heart surgery (valve replacement/bypass, angioplasty, pacemaker)		Loss of, or altered consciousness		Regular, frequent alcohol use	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
High blood pressure				Narcotic or habit forming drug use	
<input type="checkbox"/>				<input type="checkbox"/>	
Muscular disease					
<input type="checkbox"/>					
Shortness of breath					
<input type="checkbox"/>					

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature

Date

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

3. VISION Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. **Monocular drivers are not qualified.**

Numerical readings must be provided.
Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☐ Yes ☐ No

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/	20/	Right Eye <input type="checkbox"/>
Left Eye	20/	20/	Left Eye <input type="checkbox"/>
Both Eyes	20/	20/	

Applicant meets visual acuity requirement only when wearing: ☐ Corrective Lenses

Monocular Vision: ☐ Yes ☐ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination Name of Ophthalmologist or Optometrist (print) Tel. No. License No./ State of Issue Signature

4. HEARING Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB
 ☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.
 Right ear \ Feet Left Ear \ Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)	
Right Ear	Left Ear
500 Hz	500 Hz
1000 Hz	1000 Hz
2000 Hz	2000 Hz
Average:	

5. BLOOD PRESSURE/PULSE RATE Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic
Driver qualified if ≤140/90.		
Pulse Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		
Record Pulse Rate: _____		

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2		1 year from date of exam if ≤140/90
≥180/110	Stage 3	6 months from date of exam if <140/90	6 months if < 140/90

6. LABORATORY AND OTHER TEST FINDINGS Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
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Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem. Other Testing (Describe and record)

7. PHYSICAL EXAMINATION

Height: (in.) Weight: (lbs.)

Name: Last, First, Middle,

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See Instructions to the Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary System	Hernias.		
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.			10. Extremities- Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger, perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest.			12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

*COMMENTS:

Note certification status here. See Instructions to the Medical Examiner for guidance.

- ☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- ☐ Does not meet standards
- ☐ Meets standards, but periodic monitoring required due to Driver qualified only for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other

Temporarily disqualified due to (condition or medication):

Return to medical examiner's office for follow up on

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/ exemption. Driver must present exemption at time of certification.
- ☐ Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (See 49 CFR 391.62)
- ☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's signature
Medical Examiner's name
Address
Telephone Number

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

MEDICAL EXAMINER'S CERTIFICATE				
I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:				
<input type="checkbox"/> wearing corrective lenses <input type="checkbox"/> wearing hearing aid <input type="checkbox"/> accompanied by a _____	<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) <input type="checkbox"/> qualified by operation of 49 CFR 391.64			
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.				
SIGNATURE OF MEDICAL EXAMINER		TELEPHONE	DATE	
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner		
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE		NATIONAL REGISTRY NO.		
SIGNATURE OF DRIVER		INTRASTATE ONLY	CDL	DRIVER'S LICENSE NO. STATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF DRIVER				
MEDICAL CERTIFICATION EXPIRATION DATE				

49 CFR 391.41 Physical Qualifications for Drivers

THE DRIVER'S ROLE

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 9-11 hours and then have at least a 10-hour off-duty period); straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods.)

The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns; adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver.

There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo; lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s).

In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

§391.41 PHYSICAL QUALIFICATIONS FOR DRIVERS

(a) A person shall not drive a commercial motor vehicle unless he is physically qualified to do so and, except as provided in §391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a commercial motor vehicle.

(b) A person is physically qualified to drive a motor vehicle if that person:

- (1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate (formerly Limb Waiver Program) pursuant to §391.49.
- (2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE Certificate pursuant to §391.49.
- (3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
- (4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
- (5) Has no established medical history or clinical diagnosis

of a respiratory dysfunction likely to interfere with his ability to control and drive a commercial motor vehicle safely.

(6) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a commercial motor vehicle safely.

(7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his ability to control and operate a commercial motor vehicle safely.

(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial motor vehicle safely;

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green and amber;

(11) First perceives a forced whispered voice in the better ear not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not

have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing device when the audiometric device is calibrated to the American National Standard (formerly ASA Standard) Z24.5-1951;

(12)(i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug.

(ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

(13) Has no current clinical diagnosis of alcoholism.

INSTRUCTIONS TO THE MEDICAL EXAMINER

General Information

The purpose of this examination is to determine a driver's physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA to assist the medical examiner in making the qualification determination. The medical examiner should be familiar with the driver's responsibilities and work environment and is referred to the section on the form, **The Driver's Role**.

In addition to reviewing the **Health History** section with the driver and conducting the physical examination, the medical examiner should discuss common prescriptions and over-the-counter medications relative to the side effects and hazards of these medications while driving. Educate the driver to read warning labels on all medications. History of certain conditions may be cause for rejection, particularly if required by regulation, or may indicate the need for additional laboratory tests or more stringent examination perhaps by a medical specialist. These decisions are usually made by the medical examiner in light of the driver's job responsibilities, work schedule and potential for the conditions to render the driver unsafe.

Medical conditions should be recorded even if they are not cause for denial, and they should be discussed with the driver to encourage appropriate remedial care. This advice is especially needed when a condition, if neglected, could develop into a serious illness that could affect driving.

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required, the medical examiner signs the medical certificate which the driver must carry with his/her license. The certificate must be dated. **Under current regulations, the certificate is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require more frequent monitoring.** In such situations, the medical certificate should be issued for a shorter length of time. The physical examination should be done carefully and at least as complete as is indicated by the attached form. Contact the FMCSA at (202) 366-4001 for further information (a vision exemption, qualifying drivers under 49 CFR 391.64, etc.).

Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Motor Carrier Safety Administration (FMCSA) has published recommendations called Advisory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not already included in the medical examination form. The specific regulation is printed in *italics* and its reference by section is highlighted.

Federal Motor Carrier Safety Regulations -Advisory Criteria-

Loss of Limb:

§391.41(b)(1)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no loss of a foot, leg, hand or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.

Limb Impairment:

§391.41(b)(2)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iii) Any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iv) Has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.

A person who suffers loss of a foot, leg, hand or arm or whose limb impairment in any way interferes with the safe performance of normal tasks associated with operating a commercial motor vehicle is subject to the Skill Performance Evaluation Certification Program pursuant to section 391.49, assuming the person is otherwise qualified.

With the advancement of technology, medical aids and equipment modifications have been developed to compensate for certain disabilities. The SPE Certification Program (formerly the Limb Waiver Program) was designed to allow persons with the loss of a foot or limb or with functional impairment to qualify under the Federal Motor Carrier Safety Regulations (FMCSRs) by use of prosthetic devices or equipment modifications which enable them to safely operate a commercial motor vehicle. Since there are no medical aids equivalent to the original body or limb, certain risks are still present, and thus restrictions may be included on individual SPE certificates when a State Director for the FMCSA determines they are necessary to be consistent with safety and public interest.

If the driver is found otherwise medically qualified (391.41(b)(3) through (13)), the medical examiner must check on the medical certificate that the driver is qualified only if accompanied by a SPE certificate. The driver and the employing motor carrier are subject to appropriate penalty if the driver operates a motor vehicle in interstate or foreign commerce without a current SPE certificate for his/her physical disability.

Diabetes

§391.41(b)(3)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.

Diabetes mellitus is a disease which, on occasion, can result in a loss of consciousness or disorientation in time and space. Individuals who require insulin for control have conditions which can get out of control by the use of too much or too little insulin, or food intake not consistent with the insulin dosage. Incapacitation may occur from symptoms of hyperglycemic or hypoglycemic reactions (drowsiness, semiconsciousness, diabetic coma or insulin shock).

The administration of insulin is, within itself, a complicated process requiring insulin, syringe, needle, alcohol sponge and a sterile technique. Factors related to long-haul commercial motor vehicle operations, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the dangers, the FMCSA has consistently held that a diabetic who uses insulin for control does not meet the minimum physical requirements of the FMCSRs.

Hypoglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule. CMV drivers who do not meet the Federal diabetes standard may call (703) 448-3094 for an application for a diabetes exemption.

(See Conference Report on Diabetic Disorders and Commercial Drivers and Insulin-Using Commercial Motor Vehicle Drivers at:
<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Cardiovascular Condition

§391.41(b)(4)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure.

The term "has no current clinical diagnosis of" is specifically designed to encompass: "a clinical diagnosis of" (1) a current cardiovascular condition, or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit. The term "known to be

accompanied by" is designed to include a clinical diagnosis of a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse or congestive cardiac failure; and/or (2) which is likely to cause syncope, dyspnea, collapse or congestive cardiac failure.

It is the intent of the FMCSRs to render unqualified, a driver who has a current cardiovascular disease which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure.

However, the subjective decision of whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification rests with the medical examiner and the motor carrier. In those cases where there is an occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.), it is suggested before a driver is certified that he or she have a normal resting and stress electrocardiogram (ECG), no residual complications and no physical limitations, and is taking no medication likely to interfere with safe driving.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus, not unqualifying. Implantable cardioverter defibrillators are disqualifying due to risk of syncope. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. The FMCSA should be contacted at (202) 366-4001 for additional recommendations regarding the physical qualification of drivers on coumadin.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Respiratory Dysfunction

\$391.41(b)(5)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely.

Since a driver must be alert at all times, any change in his or her mental state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

There are many conditions that interfere with oxygen exchange and may result in incapacitation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis and sleep apnea. If the medical examiner detects a respiratory dysfunction, that in any way is likely to interfere with the driver's ability to safely control and drive a commercial motor vehicle, the driver must be referred to a specialist for further evaluation and therapy. Anticoagulation therapy for deep vein thrombosis and/or pulmonary thromboembolism is not unqualifying once optimum dose is achieved, provided lower extremity venous examinations remain normal and the treating physician gives a favorable recommendation.

(See Conference on Pulmonary/Respiratory Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Hypertension

\$391.41(b)(6)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely.

Hypertension alone is unlikely to cause sudden collapse; however, the likelihood increases when target organ damage, particularly cerebral vascular disease, is present. This regulatory criteria is based on FMCSA's Cardiovascular Advisory Guidelines for the Examination of CMV Drivers, which used the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (1997).

Stage 1 hypertension corresponds to a systolic BP of 140-159 mmHg and/or a diastolic BP of 90-99 mmHg. The driver with a BP in this range is at low risk for hypertension-related acute incapacitation and may be medically certified to drive for a one-year period. Certification examinations should be done annually thereafter and should be at or less than 140/90. If less than 160/100, certification may be extended one time for 3 months.

A blood pressure of 160-179 systolic and/or 100-109 diastolic is considered Stage 2 hypertension, and the driver is not necessarily unqualified during evaluation and institution of treatment. The driver is given a one time certification of three months to reduce his or her blood pressure to less than or equal to 140/90. A blood pressure in this range is an absolute indication for anti-hypertensive drug therapy. Provided treatment is well tolerated and the driver demonstrates a BP value of 140/90 or less, he or she may be certified for one year from date of the initial exam. The driver is certified annually thereafter.

A blood pressure at or greater than 180 (systolic) and 110 (diastolic) is considered Stage 3, high risk for an acute BP-related event. The driver may not be qualified, even temporarily, until reduced to 140/90 or less and treatment is well tolerated. The driver may be certified for 6 months and biannually (every 6 months) thereafter if at redcheck BP is 140/90 or less.

Annual recertification is recommended if the medical examiner does not know the severity of hypertension prior to treatment.

An elevated blood pressure finding should be confirmed by at least two subsequent measurements on different days.

Treatment includes nonpharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Individuals must be alerted to the hazards of these medications while driving. Side effects of somnolence or syncope are particularly undesirable in commercial drivers.

Secondary hypertension is based on the above stages. Evaluation is warranted if patient is persistently hypertensive

on maximal or near-maximal doses of 2-3 pharmacologic agents. Some causes of secondary hypertension may be amenable to surgical intervention or specific pharmacologic disease.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Rheumatic, Arthritic, Orthopedic, Muscular,

Neuromuscular or Vascular Disease \$391.41(b)(7)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with the ability to control and operate a commercial motor vehicle safely.

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination (ataxia), abnormal sensations (paresthesia), decreased muscular tone (hypotonia), visual disturbances and pain which may be suddenly incapacitating. With each recurring episode, these symptoms may become more pronounced and remain for longer periods of time. Other diseases have more insidious onsets and display symptoms of muscle wasting (atrophy), swelling and paresthesia which may not suddenly incapacitate a person but may restrict his/her movements and eventually interfere with the ability to safely operate a motor vehicle. In many instances these diseases are degenerative in nature or may result in deterioration of the involved area.

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then he/she has an established history of that disease. The physician, when examining an individual, should consider the following: (1) the nature and severity of the individual's condition (such as sensory loss or loss of strength); (2) the degree of limitation present (such as range of motion); (3) the likelihood of progressive limitation (not always present initially but may manifest itself over time); and (4) the likelihood of sudden incapacitation. If severe functional impairment exists, the driver does not qualify. In cases where more frequent monitoring is required, a certificate for a shorter period of time may be issued. (See Conference on Neurological Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Epilepsy

\$391.41(b)(8)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle.

Epilepsy is a chronic functional disease characterized by seizures or episodes that occur without warning, resulting in loss of voluntary control which may lead to loss of consciousness and/or seizures. Therefore, the following drivers cannot be qualified: (1) a driver who has a medical history of epilepsy; (2) a driver who has a current clinical diagnosis of epilepsy; or (3) a driver who is taking antiseizure medication.

If an individual has had a sudden episode of a nonepileptic seizure or loss of consciousness of unknown cause which did not require antiseizure medication, the decision as to whether that person's condition will likely cause loss of consciousness or loss of ability to control a motor vehicle is made on an individual basis by the medical examiner in consultation with the treating physician.

Before certification is considered, it is suggested that a 6 month waiting period elapse from the time of the episode. Following the waiting period, it is suggested that the individual have a complete neurological examination. If the results of the examination are negative and antiseizure medication is not required, then the driver may be qualified.

In those individual cases where a driver has a seizure or an episode of loss of consciousness that resulted from a known medical condition (e.g., drug reaction, high temperature, acute infectious disease, dehydration or acute metabolic disturbance), certification should be deferred until the driver has fully recovered from that condition and has no existing residual complications, and not taking antiseizure medication.

Drivers with a history of epilepsy/seizures off antiseizure medication and seizure-free for 10 years may be qualified to drive a CMV in interstate commerce. Interstate drivers with a history of a single unprovoked seizure may be qualified to drive a CMV in interstate commerce if seizure-free and off antiseizure medication for a 5-year period or more.

(See Conference on Neurological Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Mental Disorders

\$391.41(b)(9)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely.

Emotional or adjustment problems contribute directly to an individual's level of memory, reasoning, attention, and judgment. These problems often underlie physical disorders. A variety of functional disorders can cause drowsiness, dizziness, confusion, weakness or paralysis that may lead to incoordination, inattention, loss of functional control and susceptibility to accidents while driving. Physical fatigue, headache, impaired coordination, recurring physical ailments and chronic "ragging" pain may be present to such a degree that certification for commercial driving is inadvisable. Somatic and psychosomatic complaints should be thoroughly examined when determining an individual's overall fitness to drive. Disorders of a periodically incapacitating nature, even in the early stages of development, may warrant disqualification.

Many bus and truck drivers have documented that "nervous trouble" related to neurotic, personality, or emotional or adjustment problems is responsible for a significant fraction of their preventable accidents. The degree to which an individual is able to appreciate, evaluate and adequately respond to environmental strain and emotional stress is critical when assessing an individual's mental alertness and flexibility to cope with the stresses of commercial motor vehicle driving.

When examining the driver, it should be kept in mind that individuals who live under chronic emotional upsets may have deeply ingrained maladaptive or erratic behavior patterns. Excessively antagonistic, instinctive, impulsive, openly

aggressive, paranoid or severely depressed behavior greatly interfere with the driver's ability to drive safely. Those individuals who are highly susceptible to frequent states of emotional instability (schizophrenia, affective psychoses, paranoia, anxiety or depressive neuroses) may warrant disqualification. Careful consideration should be given to the side effects and interactions of medications in the overall qualification determination. See Psychiatric Conference Report for specific recommendations on the use of medications and potential hazards for driving.

(See Conference on Psychiatric Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Vision

\$391.41(b)(10)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.

The term "ability to recognize the colors of" is interpreted to mean if a person can recognize and distinguish among traffic control signals and devices showing standard red, green and amber, he or she meets the minimum standard, even though he or she may have some type of color perception deficiency. If certain color perception tests are administered, (such as Ishihara, Pseudochromatic, Yam) and doubtful findings are discovered, a controlled test using signal red, green and amber may be employed to determine the driver's ability to recognize these colors.

Contact lenses are permissible if there is sufficient evidence to indicate that the driver has good tolerance and is well adapted to their use. Use of a contact lens in one eye for distance visual acuity and another lens in the other eye for near vision is not acceptable, nor telescopic lenses acceptable for the driving of commercial motor vehicles.

If an individual meets the criteria by the use of glasses or contact lenses, the following statement shall appear on the Medical Examiner's Certificate: "Qualified only if wearing corrective lenses."

CMV drivers who do not meet the Federal vision standard may call (703) 448-3094 for an application for a vision exemption.

(See Visual Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Hearing

\$391.41(b)(11)

A person is physically qualified to drive a commercial motor vehicle if that person:

First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ADA Standard) Z24.5-1951.

Since the prescribed standard under the FMCSRs is the American Standards Association (ANSI), it may be necessary to convert the audiometric results from the ISO standard to the ANSI standard. Instructions are included on the Medical Examination report form.

If an individual meets the criteria by using a hearing aid, the driver must wear that hearing aid and have it in operation at all times while driving. Also, the driver must be in possession of a spare power source for the hearing aid.

For the whispered voice test, the individual should be stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 86, 18,

23, etc. The examiner should not use only stimulants (sounding materials). The opposite ear should be tested in the same manner. If the individual fails the whispered voice test, the audiometric test should be administered.

If an individual meets the criteria by the use of a hearing aid, the following statement must appear on the Medical Examiner's Certificate "Qualified only when wearing a hearing aid." (See Hearing Disorders and Commercial Motor Vehicle Drivers at: <http://www/fmcsa.dot.gov/rulesregs/medreports.htm>)

Drug Use

§391.41(b)(12)

A person is physically qualified to drive a commercial motor vehicle if that person does not use any drug or substance identified in 21 CFR 1308.11, an amphetamine, a narcotic, or other habit-forming drug. A driver may use a non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 if the substance or drug is prescribed by a licensed medical practitioner who: (A) is familiar with the driver's medical history, and assigned duties; and (B) has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

This exception does not apply to methadone. The intent of the medical certification process is

to medically evaluate a driver to ensure that the driver has no medical condition which interferes with the safe performance of driving tasks on a public road. If a driver uses an amphetamine, a narcotic or any other habit-forming drug, it may be cause for the driver to be found medically unqualified. If a driver uses a Schedule I drug or substance, it will be cause for the driver to be found medically unqualified. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug.

A test for controlled substances is not required as part of this biennial certification process. The FMCSA or the driver's employer should be contacted directly for information on controlled substances and alcohol testing under Part 382 of the FMCSRs.

The term "uses" is designed to encompass instances of prohibited drug use determined by a physician through established medical means. This may or may not involve body fluid testing. If body fluid testing takes place, positive test results should be confirmed by a second test of greater specificity. The term "habit-forming" is intended to include any drug or medication generally recognized as capable of becoming habitual, and which may impair the user's ability to operate a commercial motor vehicle safely.

The driver is medically unqualified for the duration of the prohibited drug(s) use and until a second examination shows the driver is free

from the prohibited drug(s) use. Recertification may involve a substance abuse evaluation, the successful completion of a drug rehabilitation program, and a negative drug test result.

Additionally, given that the certification period is normally two years, the examiner has the option to certify for a period of less than 2 years if this examiner determines more frequent monitoring is required.

(See Conference on Neurological Disorders and Commercial Drivers and Conference on Psychiatric Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Alcoholism

§391.41(b)(13)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of alcoholism.

The term "current clinical diagnosis of" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an individual shows signs of having an alcohol-use problem, he or she should be referred to a specialist. After counseling and/or treatment, he or she may be considered for certification.

VAN OPERATOR ROAD TEST

Optional - If applicant is the holder of a commercial driver's license (CDL)

Mandatory - If applicant does not hold a CDL (Must be tested in a commercial motor vehicle equivalent to the type he/she will operate.)

The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he/she is capable of operating the vehicle, and associated equipment, that will be assigned to him/her.

DATE _____

AGENCY/DEALER NUMBER _____ NAME _____

VAN OPERATOR'S NAME _____ ☐ PASSED ☐ FAILED

LICENSE NO. _____ STATE _____ EXPIRATION DATE _____ CLASS _____

TESTED BY _____ MILEAGE COVERED (Min. 25 miles) _____

TRACTOR NO. _____ TRAILER NO. _____ STRAIGHT TRUCK NO. _____

PRE-TEST CHECK OUT		DRIVING ABILITY			
Yes	No	Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked fuel, oil and water	Starts in proper gear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked gear shift positions	Adopts safe speed in yard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allowed engine to warm up	Stops before entering highway
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked tires	Enters traffic cautiously when passing other vehicles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked all doors	Turn signals used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked lights and turn signals	Proper clearance on turns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coupled and uncoupled unit properly	Checks mirrors frequently
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked air hoses and coupling device	Speed is safe for road conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked air pressure	Follows at safe distances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked brakes	Shows skill and ability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checked steering mechanism	Parking and braking and slowing the vehicle by means other than braking
<input type="checkbox"/>	<input type="checkbox"/>			Checked other safety devices (horn, windshield wipers, mirrors)	Backing: Examiner have applicant back vehicle between two parked units
		<input type="checkbox"/>	<input type="checkbox"/>		Backs well from left side
		<input type="checkbox"/>	<input type="checkbox"/>		Backs well from blind side

REMARKS _____

GENERAL PERFORMANCE (Circle One) SATISFACTORY NEEDS MORE TRAINING UNSATISFACTORY

It is my opinion that this van operator possesses sufficient driving skill to operate the type of vehicle listed above. The above agency and van operator acknowledges that the van operator will not operate a vehicle that exceeds the limits of his/her drivers license.

Date _____

Signature of Van Operator

Signature of Examiner

Address

Title

Name of Carrier

City

State

Zip Code

Location of Exam

☐ Mayflower Transit
One Mayflower Drive
Fenton, MO 63026
636-305-4000

☐ United Van Lines
One United Drive
Fenton, MO 63026
636-326-3100

☐ United Mayflower
Container Services
One Premier Drive
Fenton, MO 63026
636-305-5000

UNIGROUP, INC.
NON-CDL VAN OPERATOR

An application for qualification has been submitted to UniGroup Headquarters for

Van Operator Name

This driver is being qualified with a _____ class driver's license and is able to drive a single unit with a Gross Vehicle Weight Rating (GVWR) no more than _____ pounds.

This van operator will not be dispatched in a vehicle that exceeds the limits of his/her driver's license and the van operator understands that to exceed his/her limits is illegal, as defined in the Federal Motor Carriers Regulations section 383.5, and UniGroup Safety Policies section 1.5

By signing below both the van operator and agency personnel agree to the above statements.

Van Operator's Signature

Date

Agency Representative

Date

*** This form is only to be completed for NON-CDL applicants. ***

☐ **United Van Lines**
One United Dr., Fenton, MO 63026

☐ **Mayflower Transit**
One Mayflower Dr., Fenton, MO 63026

(Please check box indicating appropriate carrier)

(Please Print or Type)

Van Operator

Name _____ SS# _____ Date of Birth _____

Address _____

Commercial Driver

Lic. (CDL) No. & State _____ Class _____

Please complete this form as required and return to the appropriate van line Safety Department, Attention: Van Operator Qualifications.

I. CERTIFICATE OF VIOLATIONS

Department of Transportation Rule, Section 391.27:

"...each motor carrier shall, at least once every 12 months require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted or on account of which he has forfeited bond or collateral during the preceding 12 months."

MOTOR VEHICLE DRIVER'S CERTIFICATION

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If no violations have been received, please write "NONE.")

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. I have also read and understand the weighing rules. I have retained a copy of the weighing rules for my personal use.

I have read the Safety Commitment and will adhere to its standards.

(Date) (Van Operator Signature) (ID Number)

(Agency No. & Name) (Agency Address)

(Signature of Agent Representative) (Title)

(For Use By The Safety Department)

II. REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken _____

I have reviewed the above information in that it is accurate and is updated in the system. (Date) (Title)
(Reviewed by: Signature)



VAN OPERATOR ACKNOWLEDGEMENT OF RECEIPT OF DRUG AND ALCOHOL EDUCATIONAL MATERIALS

VAN OPERATOR/APPLICANT CERTIFICATION:

I, the undersigned (van operator or applicant), hereby certify that I have received the educational materials which the motor carrier (Company) is required to provide me in accordance with 49 C.F.R. 382.601. I acknowledge and agree that I am responsible for reading, understanding and complying with all Company policies and D.O.T. regulations regarding alcohol and drug use testing. I also understand that changes in the governing federal law or regulations may occur from time to time and may also cause the terms and conditions of the Company's policy to change without Company being able to give me any specific notice. Nonetheless, I agree to comply with the D.O.T.'s regulations as they may change and the Company's policies regarding drug and alcohol use testing. I further understand and agree that I may be subject to being precluded, disqualified, suspended or terminated as well as other adverse actions for violating D.O.T.'s regulations and/or Company policies. I have been advised that any questions with regard to these materials should be addressed to the Safety Department.

Prior to signing this receipt, I have read it carefully and have been provided with an opportunity to ask questions regarding its content.

Signature

Name (print)

Driver ID #

Date

Agency # (If applicable)

Indicate Carrier:

- ☐ United Van Lines, LLC
- ☐ Mayflower Transit, LLC
- ☐ United Mayflower Container Services, LLC

RETURN COMPLETED FORM TO THE SAFETY DEPARTMENT AT UNIGROUP HEADQUARTERS.

WEIGHING RULES

These rules supersede all earlier publications on this subject. They have been drafted to incorporate company policy with respect to weighing and all pertinent provisions of 49 C.F.R. 375.507 et seq.

SELECTION OF SCALES

1. Van operators must keep a copy of the AMSA Scale Directory in the cab of their vehicles; each agency must have a copy of the directory in its office.
2. Wherever possible, only scales listed in the AMSA Directory are to be used. (Exception: Military shipments must be weighed on government-owned and operated scales when requested by a military transportation officer).

If a van operator believes it is impractical or unreasonable to use a scale listed in the AMSA Scale Directory, the van operator must determine that the scale to be used is certified. A certified scale means any scale inspected and certified by an authorized scale inspection and licensing authority and designed for weighing motor vehicles, including trailers or semi-trailers not attached to a tractor or designated as a platform or warehouse-type scale.

3. Specifically prohibited from use by van operators regardless of any other provisions of these rules whether stated or implied are:

- a. Coin-operated scales
- b. Axle scales

4. When a van operator transports household goods on a non-binding estimate, dependent upon the shipment weight, the van operator must determine the weight of each shipment transported before the assessment of any charges. All shipments must be weighed on a certified scale. Unless extenuating circumstances exist, the same scale must be used to obtain both tare and gross weights of any shipment.

Shipments weighing less than 3,000 pounds may be weighed on a certified warehouse or platform scale prior to loading.

5. A van operator must obtain a weight ticket whenever a shipment is weighed. Each weight ticket must contain the following:

- a. The complete name and location of the scale
- b. The date of each weighing
- c. The identification of the weight entries as being the tare, gross or net weights
- d. The company or carrier identification of the vehicle
- e. The last name of the individual shipper as it appears on the Bill of Lading
- f. The carrier's shipment registration or Bill of Lading number.

Van operators must obtain a separate weight ticket for each weighing; however, if both weighings are performed on the same scale, one weight ticket may be used to record both weighings.

As part of the file on the shipment, van operators must retain the original weight ticket or tickets. All freight bills presented to the individual shipper must include true copies of all weight tickets obtained (including reweighs requested by the customer) in order to collect any shipment charges dependent upon the weight transported.

True and complete copies of all weight tickets must be included in the van operator's paperwork.

The tare and gross weights are to be reflected on the Bill of Lading in the following manner:

- a. Enter the tare weight on all copies of the Bill of Lading.
- b. Prior to loading from residence, obtain the customer's signature on the Bill of Lading
- c. After loading, record the gross weight on the remaining copies of the Bill of Lading.

Van operators should be aware that the above requirements will be most easily taken care of by using scales that issue printed weight tickets. Such weight tickets are nearly always imprinted with the name of the owner of the scale, the address and the date. Whether the information is imprinted or not, however, it is the van operator's responsibility to see that all of the above information appears on each weigh ticket.

WEIGHING AND REWEIGHING

6. Van operators must weigh the shipment by using the origin weigh method. You must determine the difference between the tare weight of the vehicle before loading at the origin of the shipment and the gross weight of the same vehicle after loading.

The following three conditions must exist for both the tare and gross weighings:

- a. The vehicle must have installed or loaded all pads, dollies, hand trucks, ramps and other equipment required in the transportation of the shipment.
- b. The van operator and other persons must be off the vehicle at the time of weighing.
- c. The fuel tanks on the vehicle must be full at the time of each weighing, or in the alternative, when you use the first method (origin weight) of this section, where the tare weighing is the first weighing performed, you must refrain from adding fuel between the two weighings.

You may detach the trailer of a tractor-trailer vehicle combination from the tractor and have the trailer weighed separately at each weighing provided the length of the scale platform is adequate to accommodate and support the entire trailer at one time.

You must use the net weight of shipments transported in containers. You must calculate the difference between the tare weight of the container (including all pads, blocking and bracing used in the transportation of the shipment) and the gross weight of the container with the shipment loaded in the container.

7. It is the van operator's responsibility to inform Headquarters of the shipment's net weight. Master Lease van operators should report actual shipment weight to their agency dispatch for input into carrier's computer system.
8. The individual shipper or any other person responsible for payment of the freight charges shall have the right to observe all weighings (including reweighs) of the shipment. The carrier must advise the shipper or other person entitled to observe the weighing of the time and specific location where each weighing will be performed and must give the person a reasonable opportunity to be present to observe the weighing.
9. After the van operator informs the individual shipper of the billing weight and total charges before beginning to unload a shipment, the shipper may request a reweigh. It is the van operator's obligation to reweigh any shipment when requested to do so by a shipper, at no cost to the shipper. If a reweigh is requested, the charges shall be based on the reweigh weight.

10. The shipper may waive his/her right to observe a weighing. If the shipper requests a reweigh and waives his/her right to observe the reweigh, the shipper must waive this right in writing. This is to be reflected on the Bill of Lading. Waiver by the shipper of the right to observe any weighing or reweighing is permitted and does not affect any rights of the shipper under the regulations or otherwise.

11. If a C.O.D. shipper requests notification of the actual weight and charges on a shipment, the carrier must comply with the request.

CARRIER SUPERVISED REWEIGH PROGRAM

12. When notified by dispatch to get a supervised reweigh, the van operator must follow those instructions completely. Specifically, the van operator must:
 - a. report to the destination agent designated to supervise the reweigh;
 - b. go to the scale with the designated supervisor and back-weigh the shipment in accordance with the weighing rules; and
 - c. provide a copy of the original weight tickets to the destination agent, along with the reweigh weight tickets.
13. Failure to meet the requirements of the carrier supervised reweigh program will subject the van operator and/or the agency to disciplinary action.

I have read and understand the above listed Weighing Rules. I have retained a copy of this form for my personal use.

Signed _____ Date _____

Agency/Dealer Number _____ Name _____

Indicate Carrier

- ☐ United Van Lines, LLC
☐ Mayflower Transit, LLC
☐ United Mayflower Container Services, LLC



VAN OPERATOR / AGENT INSTRUCTIONS ON THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS PARTS 390-391-392-395-396

ACCIDENTS (Part 390)

Accidents must be reported (866-765-1460) by the van operator to the Home Office in Fenton, Missouri as soon as possible. Additionally, the van operator must complete and submit an accident report (available in back of log book) to the Home Office Safety department within twenty-four (24) hours.

DRIVER QUALIFICATION (Part 391)

All van operators servicing any part of a Van Line order must be fully qualified by the van line. They must possess a single Commercial Driver License (CDL), or required license for vehicle being operated, from their state of residence. All required paperwork including negative drug test results must be on file with the Home Office before a van operator will be qualified.

PASSENGER AUTHORIZATION (Part 392)

Passengers in a commercial motor vehicle (CMV) operating in Van Line authority shall be properly authorized in writing in advance by the agent or Van Lines. No written authorization, however, shall be necessary for transportation of employees or other persons permanently or regularly assigned to the CMV.

DRIVER LOG (Part 395)

A log must be prepared and completed in its entirety daily and mailed at least weekly to the Safety department in Fenton, Missouri. All van operators must fully understand and comply with the 70-hour rule, 11-hour rule, 14-hour rule, 30-minute rest break and 34-hour restart. When entering into Van Line service, all hours worked during the past seven days must be accounted for thru logs, and/or a seven day prior form.

70-HOUR RULE (Part 395)

Van operators may not drive after 70 hours on duty in any 8 consecutive days.

34-HOUR "RESTART" PROVISION (Part 395)

A van operator must complete a proper 34-hour "restart" upon reaching their 70-hour maximum in order to continue driving. The off duty period must include two periods of 1 a.m. to 5 a.m. The 34-hour "restart" can only be used once in a 7 day period or 168 hours from the start of the last qualifying restart.

30-MINUTE REST BREAK RULE (Part 395)

A van operator may drive only if 8 hours or less have passed since the end of the van operator's last off-duty period or sleeper berth period of at least 30 minutes. The need for one, or more, 30 minute break(s) will be determined based on when the last break of 30 minutes, or more, was taken.

11-HOUR RULE (Part 395)

A van operator may drive a maximum of 11 hours after 10 consecutive hours off duty or in the sleeper berth.

14-HOUR RULE (Part 395)

A van operator may not drive beyond the 14th consecutive hour after coming on duty, following 10 consecutive hours off duty or in the sleeper berth.

VEHICLE INSPECTION (Part 396)

All vehicles under lease to a UniGroup Company must be inspected each time the vehicle is operated (Pre-Trip) and a Driver Vehicle Inspection Report (DVIR - Post-Trip) must be prepared for each CMV operated at the end of the work day. Additionally, all vehicles used in Van Line authority must have been inspected in accordance with FMCSR 396.17 within the past 180 days by a "qualified inspector" as defined in FMCSR 396.19.

IMPORTANT

Van Operator:

Please sign below indicating that you have read and understand the above listed motor carrier Safety Regulations.

Type/Print Van Operator Name

Van Operator Signature

Date

QUALIFIED VAN OPERATOR DATA SURVEY

The following information is being solicited from you on a voluntary basis in connection with your service as a qualified van operator of United Van Lines, Mayflower Transit, LLC. and/or United Mayflower Container Services, LLC. This information will be kept confidential, separate and apart from your application of other qualifying documents, and aggregated with other similar survey results and used solely for statistical reporting purposes. Unigroup and its operating companies consider van operators for qualification without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status. However, Corporate Headquarters records and reports certain minority, women, veteran-owned and other categorized business "spend" information, as many of our corporate account customers require that a percent of goods or services be provided by a diverse vendor base and workforce. Your cooperation in voluntarily self-identifying your race or ethnicity by completing and promptly returning this survey is greatly appreciated.

Date: _____ Name: _____
(Please print)

Sex: Female _____ Male _____

Are you a Veteran? Yes _____ No _____

Are you Hispanic or Latino? Yes _____ No _____

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If not, please indicate your primary race or ethnicity below:

_____ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, Middle East, or the North Africa.

_____ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Indicate Carrier

☐ United Van Lines, LLC ☐ Mayflower Transit, LLC ☐ United Mayflower Container Services, LLC

SEVEN-DAY PRIOR STATEMENT OF DUTY TIME

(Data sheet for new, casual, or intermittent drivers who have not been transporting interstate shipments or who have been otherwise excepted from logging)

NAME:

ID. NO.

INSTRUCTIONS:

At the time of initial employment/hire as a driver, or when being employed/hired/used to drive on a casual, or intermittent basis, the regulations of the Department of Transportation require the motor carrier to obtain from you a signed statement giving your time on duty during the immediately preceding 7 days, the time at which you were last relieved from duty prior to beginning work for the motor carrier and if applicable the date and time you began your last qualifying 34-hour restart.

DAY	1	2	3	4	5	6	7	TOTAL *
DATE								
HOURS WORKED								

* You may not drive if you have been on duty more than 70 hours during this period, unless you have completed a qualifying 34-hour restart.

I was last relieved from work at (must have a minimum of 10 consecutive hours off duty before beginning to drive):

_____ on _____
Time day month year

I began a qualifying 34-hour restart (optional) at:

_____ on _____
Time day month year

I hereby certify that the information given above is correct to the best of my knowledge and belief.

Signature: _____

Witness _____

Date: _____

Company Representative



UNITED VAN LINES, LLC
MAYFLOWER TRANSIT, LLC
UNITED MAYFLOWER CONTAINER SERVICES, LLC
(UniGroup, Inc. Companies)

ALCOHOL MISUSE AND DRUG ABUSE INFORMATION FOR VAN OPERATORS

Published by the Safety Department of UniGroup, Inc.

ALCOHOL MISUSE AND DRUG ABUSE INFORMATION FOR VAN OPERATORS

The Department of Transportation (DOT) regulations promulgated under the Omnibus Transportation Employee Testing Act of 1991 require alcohol and drug tests of every holder of a Commercial Driver's License (CDL).

I. The Corporate Drug and Alcohol Policy

The UniGroup Companies (herein referred to as the "Van Lines") prohibit the use, possession, transportation or distribution of illegal or unauthorized drugs and of alcohol throughout the UniGroup system. Van operators and other personnel involved with vehicles are prohibited from reporting for duty or being on duty after having used or ingested illegal drugs; having abused, used or ingested other prohibited drugs, including alcohol. Such personnel are further prohibited from reporting for duty or being on duty under the influence of such drugs or alcohol. The prohibited drugs shall include those prohibited by federal, state or local laws; those drugs described in and/or referred to in the Federal Motor Carrier Safety Regulations (FMCSR); prescription drugs not properly prescribed for bona fide medical use; drug paraphernalia; and any other abused drug or substance including alcohol.

As a condition for qualification or re-qualification as a van operator, all applicants for qualification or re-qualification (if there is a break in service) shall take a drug screening test. This test shall be administered prior to qualification or re-qualification. If the final test results are positive, qualification or re-qualification shall be denied. If the applicant chooses not to take the tests, qualification or re-qualification shall be denied.

The Van Lines shall have the right to drug screen and alcohol test immediately any van operator when there is any evidence, suspicion or behavior indicating that the person may be under the influence of drugs or alcohol. In addition, the Van Lines will, as required by DOT regulation, select van operators at random for periodic drug screening and alcohol testing. Any person refusing to take the test shall be disqualified from service.

II. Prohibitions

The FMCSR provides a list of prohibited activities that include:

No van operator should report for duty or remain on duty being under the influence of alcohol or controlled substances. No van operator may possess alcohol or controlled substances on a unit.

No van operator shall use alcohol or controlled substances while performing the safety-sensitive functions of his/her job.

No agent having knowledge that a van operator is using alcohol or a controlled substance shall permit that van operator to perform or continue to perform the safety-sensitive functions of his/her job.

No van operator shall perform safety-sensitive functions within four hours after using alcohol. No agent having knowledge that a van operator has used alcohol within four hours shall permit a van operator to perform or continue to perform safety sensitive functions.

A van operator is performing a safety sensitive function when:

- Waiting at a terminal, facility, or other property to be dispatched, unless the van operator has been relieved from duty by the motor carrier;
- Performing pre-trip inspections or servicing the motor vehicle;
- Driving the motor vehicle;
- On the vehicle, except when resting in the sleeper berth;
- Loading or unloading the vehicle, supervising the loading or unloading, giving receipts for the load, or remaining ready to operate the motor vehicle;
- Performing duties and services at an accident scene; or,
- Repairing, obtaining assistance, or remaining in attendance of a disabled vehicle.

No van operator required to take a post-accident alcohol test shall use alcohol for eight hours following the accident or until he/she undergoes a post-accident alcohol test, whichever occurs first.

No van operator shall refuse to submit to any required alcohol or controlled substance test, nor shall any agent permit a van operator who refuses to submit to such tests to operate a van.

What constitutes a refusal:

Obviously, if you say "no" and refuse to take a required test, that would constitute a refusal. Under the regulations, if a van operator fails to provide adequate breath for testing without a valid medical explanation, that would constitute a refusal.

In the event of a controlled substance test, if the van operator fails to provide adequate urine for testing, without a valid medical explanation, that would also constitute a refusal.

If a van operator engages in conduct that "clearly obstructs" the testing, that would be considered a refusal. If, after an accident where a fatality occurred or a van operator was issued a citation, the van operator failed to make him or herself available for a test, that would be considered a refusal.

III. Drug and Alcohol Test Required

A drug test is required under the following circumstance:

1. Pre-qualification and re-qualification conducted before applicants are qualified or re-qualified with the Van Lines.

Drug and alcohol tests are required under the following circumstances.

1. Reasonable suspicion — conducted when a trained supervisor or agency official observes behavior or appearance that is characteristic of drug/alcohol misuse. In such circumstances the UniGroup Safety Department must be contacted for specific instructions, and the van operator is required to be tested immediately at a designated collection site. The van operator is disqualified until results of the drug/alcohol tests are received.
2. Random — conducted on a random, unannounced basis just before, during or after performing the safety-sensitive portion of his or her job. After notification, the van operator must cease any safety sensitive activities as soon as safely possible and immediately proceed to be tested. (In the unlikely event that a van operator is not performing a safety-sensitive function in the month he/she is chosen for a random drug/alcohol test, he/she will still be required to complete the drug test.)
3. Post accident — conducted after DOT recordable accidents (see definition at end of this section) or if an accident results in loss of human life or the van operator is issued a citation for a moving traffic violation. The alcohol test must be performed within two hours of the accident. Post accident testing is the responsibility of the involved van operator, and if a testing site is not located in the allotted time, all efforts to comply must be documented in writing.

Definitions

"Accident" means an occurrence involving a commercial motor vehicle operated on a public road which results in:

- (1) a fatality;
 - (2) bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 - (3) one or more motor vehicles incurring disabling damage as a result of the accident requiring the vehicle to be transported away from the scene by a tow truck or other vehicle.
4. Return-to-duty and follow-up — conducted when an individual who has violated the prohibited drug/alcohol conduct standards (disqualified for 18 months under UniGroup's drug/alcohol policy) petitions the Van Lines to be re-qualified after appropriate professional evaluation by a Substance Abuse Professional (SAP). Follow-up tests are unannounced, and at least six drug and alcohol tests will be conducted in the first 12 months after a van operator returns to duty. Follow-up testing may be extended for up to 60 months after return to duty. The testing will be performed at the direction of UniGroup's Safety Department.

IV. Testing Procedures

Drug Testing Protocol

The testing program required by the regulations is limited to five drug types:

- (1) Marijuana, (2) Cocaine, (3) Opiates, (4) Amphetamines, (5) Phencyclidine (PCP).

All drug testing must be done from urine specimens collected under highly controlled conditions. Specimen collection procedures require a designated collection site; security for the collection site; chain of custody documentation; use of authorized personnel; privacy during collection; integrity and identity of the specimen; and transportation to the laboratory.

Van operator protection is built into the testing procedures. In order to meet the federal requirements, only the laboratories that can be used are those that have been certified by the federal government. The Substance Abuse and Mental Health Services Administration certifies laboratories that have met all of the guidelines established by the Department of Health and Human Services.

After the urine specimen has been collected and forwarded to the laboratory, two tests may be performed. The initial test is the immunoassay test. This is a screening test to determine drug usage for the five classes of drugs. The second test is a confirmation test.

If the results of the initial test are negative, the testing laboratory will advise the Van Lines' Medical Review Officer (MRO) that the drug test for the van operator was negative. No additional tests on the specimen will be done.

If the results of the initial test are positive, that is, if the results exceed the test levels for any of the five drug classes, a second (confirmation) test is performed. This test is done in an entirely different manner from the initial one. All specimens identified as positive on the initial test must be confirmed using gas chromatography/mass spectrometry techniques.

Only specimens that are confirmed as positive on the second test are reported positive to the MRO for review and analysis.

A split specimen collection will be done. That is, the urine is divided into two specimen bottles. If the test result of the primary specimen is positive, the van operator may request the MRO to send the second (or split) specimen to a different certified lab for testing. The testing of the split specimen will be for the presence of drugs with no cut-off levels. If the result of the test of the split specimen is "negative," the MRO shall cancel the test. If the van operator wants the split specimen tested, he/she must advise the MRO within 72 hours of being notified of the positive test result of the primary specimen.

Alcohol Testing Protocol

Alcohol testing in the UniGroup system will be conducted in much the same way as drug testing. The alcohol testing rules require breath testing using evidential breath testing (EBT) devices approved by the National Highway Transportation Safety Administration. Two breath tests are required to determine if a person has prohibited alcohol level.

A screening test is conducted first. Any result less than 0.02% alcohol concentration is considered a "negative" test. If the alcohol concentration is 0.02% or greater, a second confirmation test must be conducted. The breath is sampled. If the breath is equal to, or greater than 0.02%, then the machine locks up and begins a 15 minute count down. The van operator is observed for the 15 minutes. The breath is re-sampled. If the result is less than 0.02%, then the result is negative. If the result is 0.02% or greater, but less than 0.04%, the van operator is disqualified for 24 hours and must undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02%. If the result is 0.04% or greater, the test is positive, and the van operator is disqualified from service for 18 months in accordance with UniGroup's Drug and Alcohol Policy. The van operator and the Breath Alcohol Technician (BAT) will complete the alcohol testing form to ensure that the results are properly recorded. The confirmation test, if required, must be conducted using an EBT that prints out the results, date and time, a sequential test number, and the name and serial number of the EBT to ensure the reliability of the results. The confirmation test results determine any actions taken.

V. Notification Methods

Continental Fleet van operators will be notified to report for testing by their dispatcher and must report to the drug/alcohol collection facility immediately. Master Lease van operators will be notified through their agency and must report to the drug/alcohol collection facility immediately.

"Immediately," in this context, means that all of the van operator's actions after notification should lead to the expeditious submission of the urine and/or breath sample. This ensures that a van operator selected for testing will not have an opportunity to do anything which may affect the outcome of the test. Any activity (e.g., loading, unloading, accepting a new dispatch, making a delivery, completing required paperwork, performing vehicle inspections, etc.) which does not directly lead to submitting a urine and/or breath sample must be deferred by the van operator until the urine and/or breath sample is collected. Any delay over four hours will be considered a refusal, and the van operator will be disqualified from service for 18 months. If the van operator is notified while "on the road," this will require the operator to pick up a Custody and Control form from the nearest agent and report to the collection facility before continuing the current trip. This may require a van operator to detour from a planned route. Any van operator not reporting immediately after notification (as documented on the Random Drug/Alcohol Testing Telephone Statement) will be disqualified from service immediately. Reinstatement reconsideration will only be given after the 18-month period has passed and all requirements of the DOT regulations have been met.

VI. Consequences of Drug/Alcohol Misuse

Van operators who engage in prohibited alcohol/drug conduct will be immediately removed from service and disqualified. The disqualification period for both drug and alcohol positives in the UniGroup system will be 18 months. Positives are defined as:

Drug Testing: Positive results are reported to the UniGroup Safety Department by the medical review officer (MRO).

Alcohol Testing: Positive results by registering a 0.04% or higher on the alcohol breath test.

NOTE: To further provide for transportation safety, the regulations provide that those van operators having a alcohol concentration of 0.02% or greater, but less than 0.04% must be removed from performing van operator duties for a period of 24 hours. This means that the van operator will be advised of his/her results by the Breath Alcohol Technician at the testing facility. The agent who becomes aware of this result must take action immediately to place the van operator out-of-service for a 24-hour period or, if an agent cannot be contacted, the van operator must take himself/herself out of service for 24 hours, and this must be documented on the van operator's daily logs. A

reading of this nature (between 0.02% and 0.039%) will not affect the van operator's CDL record. Failure of the van operator to observe the 24-hour disqualification will result in a 30-day disqualification from service.

VII. Re-Consideration Process

In order for a van operator who tests positive in either a drug test or an alcohol test to be reconsidered for re-qualification, the following stipulations must be met:

1. Remain disqualified for 18 months from service.
2. Contact American Substance Abuse Professionals, Inc. (888) 792.2727.
3. Be evaluated by a substance abuse professional.
4. Comply with the recommended treatment of the substance abuse professional.
5. Take a return-to-duty drug and alcohol test.
6. Be subject to unannounced follow-up alcohol/drug tests of a minimum of 6 per year for the first year of re-qualification and additional testing extended for up to 60 months.
7. Any van operator who has two positive test results for either drugs and/or alcohol will not be reconsidered for qualification.

VIII. Costs

Drug and alcohol testing charges will be billed to UniGroup's Safety Department which will then charge back the expense to the Contract Truckmen or agency with which the van operator is affiliated.

IX. Training

The DOT regulations require training of supervisory personnel in conjunction with the administration of the alcohol and controlled substance testing program. Each motor carrier is required to provide educational materials to van operators that explain the requirements of alcohol/drug testing and the Companies policy and procedures with respect to the administration of the program. This booklet is intended to provide necessary information concerning UniGroup's policy, procedures and administration of the alcohol/drug program.

X. Signs and Effects of Drugs and Alcohol Use

Alcohol

The most widely abused substance is alcohol. Make no mistake about it—alcohol is a mind-altering drug, and abusing it has just as serious of consequences as any "hard" drug. Seventy percent of Americans over the age of 21 use alcohol. Thirty to forty percent of them abuse alcohol. That translates to between 12 and 15 million alcoholics in the U.S.

WHAT DOES ALCOHOL DO TO A PERSON?

Alcohol is a depressant. It affects the central nervous system and slows down the body. That means it slows down reaction time and affects vision, coordination, and judgement.

Most Americans who drink consider themselves "social drinkers" and feel that, if they drink small amounts and don't get "drunk," alcohol won't affect their performance. It all depends upon blood alcohol content— or BAC — and it doesn't take much.

Many people also feel that the type of alcoholic beverages they drink can help control their blood alcohol content. Surprisingly though, alcoholic beverages all have about the same alcohol content. A five-ounce glass of wine, an average mixed drink, and a 12-ounce beer all contain about a half ounce of alcohol.

The dangers of drinking and driving are well documented. Obviously, there is a direct relationship between your blood alcohol content and the probability for having an accident. With a blood alcohol content of only 0.04, your chances of an accident are about double those of sober drivers. In almost every state, a blood alcohol content of 0.08% is considered legally drunk.

For obvious safety reasons, professional drivers are subject to stricter rules regarding alcohol. Under Federal Motor Carrier Safety Regulations, a person with a blood alcohol content of 0.04% is considered to be under the influence when driving a commercial vehicle. A commercial driver's license will be suspended should a van operator be convicted of such an offense.

Federal regulations on drinking and driving are severe and with good reason. Over half of all traffic deaths are related to substance abuse.

Marijuana

Besides "Pot," marijuana is often called "Grass," "Weed," and "Dope."

Marijuana looks similar to tobacco, and it is most commonly used in hand-rolled cigarettes called "Joints" or "Reefers." Marijuana is also often smoked in pipes. Another form of marijuana is hashish or "Hash." Hash is several times stronger than marijuana.

Marijuana is a depressant that relaxes brain and body function. Many people will speak more freely after smoking a joint. However, other effects that pot users experience include distortion of time, poor concentration, confusion and sometimes even hallucinations.

The active ingredient of marijuana is a chemical known as THC. THC is stored by our bodies in fat cells and slowly released back into the body. Urine tests can detect THC for up to several weeks after a person has smoked marijuana.

Since marijuana is smoked, it also has the same negative side effects of regular cigarettes. Marijuana smoke irritates your lungs and can lead to emphysema. Marijuana cigarettes also have two or three times more tar than other cigarettes, and tar is a cancer-causing agent.

Marijuana use has long-term effects similar to those of cigarette smoking such as lung cancer. Using Pot can also cause "burn out"—that is, it can make you sluggish and inattentive. Like cigarettes, prolonged use of marijuana can lead to psychological dependence and addiction.

The greatest danger regarding marijuana use is the idea that it is safe. Many users are under this impression because they think the effects are brief. But marijuana impairs your coordination and judgement, a very serious consideration for someone who is driving a commercial motor vehicle.

Cocaine

"Coke," "Snow," "Flake," "Blow," and "Toot" are all names used for cocaine. In addition to cocaine, there is also a serious abuse problem with a form of cocaine known as crack. Cocaine is an odorless, white powder that is produced from cocoa plant leaves. Over the past few years, crack use has risen at an epidemic rate.

Crack cocaine is usually smoked, while cocaine powder is sniffed or "snorted" directly into the nose. It is also sometimes rubbed on the gums or even injected, alone or with other drugs. For example, some drug users mix cocaine and heroin to concoct what's called a "Speedball."

Cocaine is a stimulant—it increases your heart rate and body function. This includes dilated pupils, increased blood pressure, breathing rate and body temperature.

Cocaine users may feel more alert and energetic, and may even feel a cocaine "high" or euphoria. However, these effects are short term—usually less than an hour.

Cocaine gives users a false sense of security—that they can actually concentrate better. The reality is that cocaine use impairs judgement, and can cause slurred speech and confusion.

Cocaine use can also lead to sleeplessness, restlessness, anxiety and psychological problems such as depression or paranoia.

Physical effects include nasal damage, weight loss, and heart problems such as angina, heart palpitations or even a heart attack.

Until a few years ago, cocaine was generally thought not to be addictive. But research has shown that it is highly addictive. It is estimated that one in three people who try crack will get hooked.

Amphetamines

"Uppers," "Bennies," "Dexies," "Crystal Meth," and of course, "Speed" are all street names for amphetamines. Amphetamines are a group of stimulant drugs that are legally prescribed by physicians to treat depression and other disorders. They are usually taken in pill form although it is possible to sniff amphetamine crystals or make a solution that can be injected.

Like cocaine, amphetamines increase heart and breathing rates and blood pressure. They can also cause headaches, double vision, dizziness and sleeplessness. Injecting amphetamines can cause such an increase in blood pressure that a stroke or heart failure can occur.

Amphetamines cause a lot of psychological effects as well. In small doses, "Speed" does make you more alert, but at the same time, you become anxious and restless. Amphetamine users also tend to overreact to situations. Combined with the physical effects, there are some very serious consequences for anyone who takes an amphetamine thinking it will "pick them up" and let them drive or work longer. Amphetamine use is responsible for a great number of accidents.

The long-term effects of amphetamines are also quite devastating. The physical dangers include malnutrition, ulcers, and even brain damage.

In addition, long-term users can develop hallucinations, delusions and paranoia. As a consequence, "Speed" users often demonstrate bizarre and violent behavior.

Regular amphetamine use can create psychological dependency. One reason is that users want to avoid the down feeling and depression that occurs when the drug wears off.

Regular use of amphetamines can cause the body to develop a tolerance. This means that the addict needs larger and larger doses to get the same effect.

Opiates

Opiates, otherwise known as narcotics, include opium, morphine, codeine, and heroin.

When most people think of opiates, they think of the heroin junkie on the street; but their use is more widespread. Opiates may be prescribed legally by doctors to relieve pain. They are so strong that, when used illegally, they have a high instance of abuse.

Opiates come in powder, capsules, and syrups or solutions. By far the most frequently abused opiate is heroin—also known as "Junk," "Smack," "Horse" and "Harry," among others. Heroin is a powder that is usually dissolved in water and then injected—or "mainlined."

Morphine is the painkiller prescribed most often by physicians. Because the body builds a tolerance to morphine quickly, it is often abused. Addicts also use it when more expensive and difficult-to-obtain heroin is not available. Codeine is a less potent derivative of morphine, commonly found in prescription-strength cough syrup.

Opiates act like strong depressants—they relax the user and induce sleep in addition to pain killing properties. But opiates, like heroin, can produce very different effects and can cause restlessness. Users may go back and forth between drowsiness and an alert state.

Other immediate effects of a heroin rush include nausea and vomiting. With large doses, users may develop breathing problems, go into a comatose state, or even die.

The use of opiates can seriously impair thinking and coordination. Prescription opiates always come with a warning regarding not operating equipment or driving while using the drug—with good reason.

The strong effects of opiates also produce terrible withdrawal symptoms. Usually, withdrawal occurs after a few hours and includes abdominal cramps, chills, sweating, nausea, and runny nose.

Heroin and other opiates have many long-term dangers. Injecting drugs always carries the danger of hepatitis, tetanus and even AIDS. Use of the drugs can cause heart and lung problems as well as malnutrition from loss of appetite.

Opiates may be used to relieve pain; but when used illegally, their effects end up causing more pain than the user anticipated.

Opiates can make users alert or sleepy. Remember that with opiates or any drug, you can never be sure what will happen. That is why they're so dangerous.

Almost one out of every two people who use opiates will get hooked. The effects of heroin or morphine are so powerful that addiction is very difficult to overcome.

Phencyclidine or "PCP"

The other drug for which DOT currently requires testing is phencyclidine or PCP.

PCP is a drug that is not widely understood. The variety of names by which PCP is known include "Angel Dust," "Supergrass," "Killer Weed," "Embalming Fluid" and "Rocket Fuel." These names help point out its bizarre and volatile effects. PCP is used as an animal tranquilizer but has no legal use for humans. Although its use is not as common as other drugs on the DOT list, it is an extremely dangerous drug.

Although PCP is technically a tranquilizer (it is a depressant), its effects usually include bizarre, violent behavior and hallucinations. Therefore, PCP is usually considered a hallucinogenic drug. People strung out on "Angel Dust" might think they can fly or walk on water. The unpredictability of PCP is what makes it so dangerous.

PCP physical effects can include convulsions, coma and death from heart failure or ruptured blood vessels in the brain.

There are so many possible psychological effects of PCP that it is difficult to categorize them. Besides delusions, there can be memory loss, impaired judgement and perception, anxiety and paranoia. Some users become aggressive, others withdraw. PCP can also make the user feel suicidal.

The only thing one can say with certainty about PCP is that you can never be certain what will happen when you take it.

Other Drugs

While the drugs on the DOT screening list are the most commonly abused, there are a number of other drugs of which you should be aware.

First are barbiturates, sedatives or tranquilizers, including sleeping pills. These are depressants that make you feel relaxed or sleepy and are known as "Downers." Quaaludes, or methaqualone, are a commonly abused barbiturate.

Quaaludes and all barbiturates lower your heart rate, breathing and blood pressure. This leads to sluggishness, slower reaction time, and confusion, in addition to drowsiness. These effects obviously make it difficult and dangerous to drive or do any tasks while under the influence.

There is also a great danger of overdose with barbiturates because it is easy to lose track of how many you've taken.

Another category of commonly abused drugs include hallucinogens like LSD and Mescaline. These have no medical use—they only serve to affect a person's perception or "alter consciousness." LSD is a potent mood-changing drug whose effects are unpredictable and dangerous. Mescaline, or peyote, causes similar effects. Flashbacks, even brain damage, can occur from hallucinogens.

Inhalants such as glue, gasoline, aerosol paint, and laughing gas are also abused. Fumes from these items are sniffed to get a "high." Their effects include nose bleed, sickness, and coughing. They also impair judgement and, long-term, can seriously damage lungs, heart, or brain.

Points To Remember:

- Marijuana can actually affect your system for several hours and stay in your system for weeks.
- Cocaine can kill you, even the first time you try it.
- Amphetamines are addictive and can cause users to build up tolerance to their effects.
- Opiates can make you alert or sleepy.
- PCP is a dangerous, mind altering drug.

If any of this information surprised you, it points out the importance of learning all you can about substance abuse.

Signs and Symptoms

There are many symptoms to look for; but in general, you want to be alert for changes—changes in behavior, changes in job performance, and changes in physical appearance or health.

Physical signs include:

- red or glazed eyes (from marijuana or alcohol abuse);
- runny nose, sneezing (from heroin or cocaine);
- red face (from alcohol or amphetamines);
- drowsiness, sluggishness (from depressants, opiates);
- needle marks;
- smell of alcohol;
- hangovers;
- blackouts, dizziness;
- and, of course, drug paraphernalia such as rolling papers, roach clips, needles, etc.

Behavioral symptoms of abuse are also plentiful: major personality changes and mood swings; irritability and nervousness, lack of energy and slurred speech, apathy and withdrawal, memory loss and confusion, loss of concentration, and lying, stealing, or other unusual behavior.

Substance abusers do try to hide their problem, but drug or alcohol abuse has such a devastating effect on people's lives and cause such great changes that they cannot remain hidden forever.

There are also performance symptoms associated with substance abuse. Drug abusers are 16 times more likely to be absent from work than other employees. Substance abusers also have about twice as many mistakes and accidents, use about four times as many worker's comp benefits, and are late four times as often as other employees.

Other performance symptoms include a change in attitude (usually to a poorer attitude), as well as inability to concentrate, a loss of productivity, and recklessness or overreaction which often leads to accidents.

What do you do if you suspect that a co-worker (or you yourself) may have a substance abuse problem? Obviously, the most important thing is to get help or to encourage your co-worker to get help by referring to the Reference Source in this booklet.

XI. REFERENCE SOURCE

National Assistance and Hot Line Information is provided for your information. UniGroup, Inc. is not responsible for any charges associated with referral, evaluation, or any actions, treatment, advice or expenses.

Al-Anon (800) 344-2666

Alcohol and Drug Referral Hot Line
(A.A. information see note below) (800) 252-6465

Substance Abuse and Mental Health Service Administration National
Clearinghouse for Alcohol and Drug Information (NCADI) (800) 729-6686

Cocaine Anonymous National Referral Line (800) 347-8998

National Institute on Drug Abuse
Drug and Treatment Information (800) 662-4357

NOTE: Alcoholics Anonymous (A.A.) local chapter information and phone numbers can be obtained by calling the Alcohol and Drug Referral Hot Line.

Should you have questions or need additional assistance regarding UniGroup's Policy or Procedure, please call the substance abuse coordinator at the UniGroup World Headquarter's Safety Department.

MINIMUM TRAINING REQUIREMENTS FOR ENTRY-LEVEL COMMERCIAL MOTOR VEHICLE OPERATORS

The Federal Motor Carrier Safety Administration (FMCSA) and/or UniGroup (Inc.) (LLC) has established standards for mandatory training requirements on four specific topics for entry-level van operators (with less than one year of commercial driving experience), and all non-CDL van operators. The purpose of this rule is to enhance the safety of commercial motor vehicle operation on our nation's highways.

What does the FMCSA require for entry-level van operator training? Specific instruction addressing the following four areas must be provided to the entry-level van operator:

1. **Van Operator Qualification Requirements:** The Federal rules on medical certification, medical examination procedures, general qualifications, responsibilities, and disqualifications based on various offenses, orders, and loss of driving privileges (49 CFR Part 391 and subparts B and E of this subchapter).
2. **Hours-of-Service Rules For Van Operators:** The limitations on driving hours, the requirements to be off-duty for certain periods of time, record of duty status preparation, exceptions (49 CFR Part 395), and fatigue countermeasures as a means to avoid crashes.
3. **Van Operator Wellness:** Basic health maintenance including diet and exercise and information on the importance of avoiding excessive use of alcohol.
4. **Whistleblower Protection:** The right of anyone associated with the UniGroup carriers (United Van Lines, Mayflower Transit, or United Mayflower Container Services) to question the agent and/or van line's safety practices without the risk of reprisal. (29 CFR Part 1978)

The training information attached on the four subjects must be reviewed with the applicant. Then the quiz must be administered. A certificate of completion must then be completed at the agency level and signed by a responsible member of agency management/Agency Safety Representative (ASR) acknowledging that this training material was reviewed in full and understood. The van operator applicant must also sign the certificate.

The certificate of completion must then be submitted (with the other qualification documents) to the UniGroup Home Office Safety Department (Attention: Safety Compliance Coordinator).

Thank you for your attention and compliance with this important training requirement. If you have any questions concerning this matter, please contact your regional safety compliance coordinator at the UniGroup Home Office Safety Department.

TRAINING MATERIALS

Topic 1: Van Operator Qualification

It is important that all van operators fully understand the process of being qualified.

The physical is one of the most important documents of the qualification process. The physical form must be completed fully before UniGroup can accept it. Below are referenced sections that are important for the van operator to understand.

Section 2 (Health History)

A person is physically qualified to drive a commercial motor vehicle if that person:

- Has no impairment or loss of (i) a hand or finger which interferes with prehension or power grasping; or (ii) an arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a CMV; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a CMV; or has been granted an SPE Certificate pursuant to 391.49, which is subject to review by UniGroup.
- Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
- Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular diseases of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
- Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his ability to control and drive a CMV safely.
- Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a CMV safely.
- Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease with interferes that his/her ability to control and operate a CMV safely.
- Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a CMV.
- Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to drive a CMV safely.

Section 3 (Vision)

Van operator has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.

Section 4 (Hearing)

Van operator first perceives a forced whispered voice in the better ear not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1051.

Section 5 (Blood Pressure/Pulse Rate)

This section is to be completed by the doctor. All van operators be sure this section is fully completed correctly. Your blood pressure cannot be over 140/90, without consulting your doctor for evaluation and treatment. There is a diagram on the physical to determine the length of time the physical is acceptable. The pulse rate must be written in and regular or irregular box must be checked.

Section 6 (Laboratory and other Test Findings)

You are required to take a urine test.

Qualifying a Van Operator

It is also important to know what the requirements are to become qualified as well as what can keep van operators from being qualified. Below is a brief list all van operators should be aware of. Detailed information can be found in the UniGroup Corporate Safety Policies.

Qualifications

- 21 years of age
- Read and speak English
- Be medically qualified
- Posses a valid CDL or appropriate license for the vehicle that they will be driving
- Have a negative drug test
- 30 days driving and handling experience for the Master Lease Fleet
- 1 year driving and handling experience for the Continental Fleet

Prevention of Qualification

- More than 2 traffic citations in the past 12 months or 4 in 36 months
- DWI, DUI, OWI or any drug-related conviction within the past 36 months
- More than one drug/alcohol conviction on record
- More than one felony or three non-traffic misdemeanors on record
- Been incarcerated during the past 12 months or is currently on probation/parole

Disqualification of a Van Operator

No one wants a van operator to be disqualified. The best way to prevent that from happening is to stay in compliance with the Federal Motor Carrier Safety Regulations (FMCSR) and UniGroup Corporate Safety Policies. Let's make sure everyone knows what disqualifies a van operator and for how long.

Any van operator in the van lines' service who pleads guilty to or is convicted of an offense involving:

- Leaving the scene of an accident involving a CMV;
- Driving a CMV while under the influence of a controlled substance;
- Use of a CMV in the commission of a felony; or
- A DUI, DWI, or OWI while in a CMV

will result in the van operator being permanently disqualified from UniGroup service.

Any van operator qualified with the van lines who pleads guilty to or is convicted of a DUI, DWI, or OWI while not in a CMV will be disqualified from UniGroup service for a period of 18 months from the date of conviction or when the Safety Department learns of the conviction, whichever is later. The refusal of a drug or alcohol test is the same as a positive result; therefore, the van operator will be suspended or disqualified from the van lines' service.

Any van operator who has two moving citations within a 12-month period will be monitored for the next 12 months. Another citation during this period will result in the van operator being suspended 30 days from the van lines' service and appropriate point(s) assessed. Any van operator who has four moving traffic citations in a 36-month period will be monitored for the next 12 months. Another citation during this period will result in the van operator being disqualified from the van lines' service.

Four out-of-service violations will disqualify a van operator for 30 days.

Any van operator who has two preventable accidents within a 12-month period will be monitored for 12 months after the second accident. A third preventable accident within the ensuing 12 months will result in the van operator being disqualified from the van lines' service. A van operator will remain disqualified until such time as the guidelines are met. Any van operator who has three preventable accidents during any consecutive 36-month period will be monitored for 12 months. Any subsequent preventable accident during this period will result in the van operator being disqualified from the van lines' service. Any van operator involved in an accident determined to be the result of gross negligence or willful carelessness will be subject to immediate disqualification.

Topic 2: Hours-of-Service Regulations

In learning the hours-of-service rules, it is suggested that the van operator review the information below and fully understand the definitions found on the cover of the log book and in the FMCSR book under section 395.

Training is also available at www.unigroupinc.net/university/.

Hours-of-Service Rules

Property-Carrying CMV Van Operators

Van operator may drive 11 hours after 10 hours off-duty.

Van operator may not drive beyond the 14th hour after coming on-duty, following 10 hours off-duty.
Van operator may not drive after 70 hours on-duty in 8 consecutive days.
A van operator may restart an 8 consecutive day period after taking 34 or more consecutive hours off-duty.

Basically the rules go as follows:

Sleeper Berth

Ten hours off-duty and/or sleeper berth must be obtained in a 24-hour period.

- Off-duty time must be a consecutive 10 hours.
- Off-duty time may be combined consecutively with sleeper berth to obtain 10 hours.
- Sleeper berth must be a consecutive 10 hours.

11-hour Driving Rule

Van operators may not drive more than 11 hours following 10 consecutive hours off-duty.

14-hour Driving Rule

Van operators may not drive after 14 consecutive hours on-duty.

- Driving time is included in the calculation in the 14-hour rule.
- On-duty not driving time is included in the calculation in the 14-hour rule.
- Off-duty – less than 10 consecutive hours is included in the calculation in the 14-hour rule.
- Sleeper berth time not used to accumulate at least 10 hours is included in the calculation in the 14-hour rule.

70-hour Rule

Van operator may not drive after 70 hours on-duty in 8 consecutive days.

- 34-hour Restart Provision: A van operator may restart his 8-consecutive- day period after taking 34 or more consecutive hours off-duty.

Sleeper Berth Exception

Drivers may split on-duty time by using sleeper berth periods but must comply with the new hours-of-service rules. These drivers may accumulate the equivalent of 10 consecutive hours off-duty by taking 2 periods of rest in the sleeper berth provided:

- The sleeper berth periods must be split as follows:
 - 8 hours sleeper berth
 - At least 2 hours sleeper berth or off duty or a combination;
- Driving time in the period immediately before and after each rest period when added together does not exceed 11 hours; and
- The on-duty time in the period immediately before and after each rest period when added together does not include any driving after the 14th hour.

Topic 3: Whistleblower

It is in the driver's best interest to be informed on the employee protection, such as whistle blowing. In accordance with 49 U.S.C. 31105 and 29 FR 1978, a motor carrier employer may not discharge, discipline, or discriminate against an employee regarding pay, terms, or privileges of employment because (a) the employee, or another person at the employee's request, has filed a complaint or has begun a proceeding related to a violation of a CMV safety regulation, standard or order, or has testified or will testify in such a proceeding; or (b) the employee refuses to operate a vehicle because (i) the operation violates a regulation, standard, or order of the United States related to commercial motor vehicle safety (CMVS) or health; or (ii) the employee has a reasonable apprehension of serious injury to the employee or the public because of the vehicle's unsafe condition.

A motor carrier employer may not discharge, discipline, or discriminate against an employee regarding pay, terms, or privileges of employment because you did one of the following five actions:

1. You filed a complaint related to a violation of a CMVS regulation.
2. You began a proceeding related to a violation of a CMVS regulation.
3. You have testified in a proceeding related to a violation of a CMVS regulation.
4. You will testify in a proceeding related to a violation of a CMVS regulation.
5. You refused to operate a CMV because of one of the following two items:
 - a. You would have violated a federal safety or health regulation.
 - b. You had a reasonable concern that you, or someone else, would have been seriously injured or impaired had you operated the unsafe vehicle. You asked your employer to correct the unsafe vehicle, but your employer refused to correct the condition.

You have 180 days to file your complaint. You or another person at your request may file a complaint with the Secretary of the United States Department of Labor. The Secretary of Labor would prefer you send the complaint directly to the Occupational Safety and Health Administration (OSHA) Area Director responsible for enforcement activities in the geographical area where you reside or where you report for duty. However, filing your complaint with any OSHA officer or employee is sufficient.

- For more information about where to file your complaint, visit the OSHA Web site at www.osha.gov or contact them toll-free at 800-321-OSHA (6742).

You or another person at your request may still file your complaint after 180 days with the OSHA Area Director acting on behalf of the Secretary of Labor, but the OSHA Area Director has the discretion to decline your complaint as untimely. You should include the following five items in your complaint.

1. Name, address, and phone number.
2. The specific CMVS regulation in question.
3. The name of the person who discharged, disciplined, or discriminated against you.
4. At least one of the following alleged actions:
 - I filed a complaint related to a violation of a CMVS regulation.
 - I began a proceeding related to a violation of a CMVS regulation.
 - I have testified in a proceeding related to a violation of a CMVS regulation.
 - I will testify in a proceeding related to a violation of a CMVS regulation.
 - I refused to operate a CMV because:
 - i. I would have violated a federal safety or health regulation, or
 - ii. I had a reasonable concern that I, or someone else, would have been seriously injured or impaired had I operated the unsafe vehicle. I asked my employer to correct the unsafe vehicle, but my employer refused to correct the condition.
5. Any other facts, data, or applicable circumstances.

Topic 4: Wellness

A fit driver is a safe and productive driver with better performance and fewer crashes. Our goal is to inform van operators how to stay fit with their busy schedule. The following information covers sleep, exercise, relaxation techniques, avoidance of alcohol and smoking, and healthy eating habits. Try these few tips to help get you in gear.

Stop Smoking—No Butts About It!

Smoking is an addiction which will eventually shorten your life. Unfortunately, 54% of truck drivers smoke.

If you smoke, statistics say that you will die in one or more ways: a stroke or heart attack, or by contracting bronchitis or emphysema. Neither option is appealing. Handle smoking like any other addiction—get professional help! Check with your insurance carrier to see whether or not they offer programs to help you quit or if they offer premium discounts for when you do quit. If your health isn't incentive enough, perhaps your wallet will be.

Get In Gear—Refuel Your Body!

Refuel your body with healthy eating habits. Simply put, it means putting good food in your body. It's not as hard as it sounds: drink about two quarts of liquids daily—juice and water, not Cokes or coffee. Take a multivitamin every day. It's a supplement that your body needs. Take

one baby aspirin every day or one adult aspirin every other day with doctor approval. This will help reduce the risk of a heart attack. Instead of the typical driver snack of chips, candy, cookies

or donuts, try incorporating some fruits and vegetables into your day like baby carrots, celery, grapes, bananas, and apples. If fresh fruit isn't your thing, try dried fruit already prepackaged and ready to eat (raisins are a quick and easy snack, and they don't require refrigeration). Don't forget your grains—instead of chips, try graham crackers or fig newton's! Stay away from buffets!

Avoid Stripping Your Gears—Relax!

In other words, reduce stress. Use these simple tricks to help:

1. Listen to music. Research shows that listening to music one hour or so a day is relaxing and calming (rap music or heavy metal doesn't count).
2. Disarm your stress by realizing that you can't control other people's behavior—so stop trying. You can only control your reaction to their behavior.
3. Take advantage of family support. Keep in touch. Call home often, send postcards and letters occasionally. Keep that support system strong and close.

Take a True Rest Stop—Sleep

This is not really an option. A lack of sleep profoundly reduces your performance. Getting only four to six hours of time in bed a night versus eight hours definitely impairs safety within a week. There is no substitute for sleep. Trouble falling asleep—try these tips:

1. Avoid alcohol—it prevents deep sleep.
2. Avoid smoking—it constricts blood vessels.
3. Avoid chocolate and caffeine—both are stimulants that make it hard to fall asleep.

Enter the Tone Zone—Exercise

We all know that moderate exercise is just good common sense. Here's how to get started:

1. Find a time you can exercise at least three times a week.
2. Start somewhere. Walking one to five minutes might be all you care or can do. Do it! The idea is to make the period so short that you can't talk yourself out of doing it. You'll get rewards even from minimal efforts. Park farther away when on the road.
3. Stretch while you sit. Stretching can make a big difference in your productivity, your ability to handle stress, and your overall well being. It reduces muscular fatigue, tension, pain, joint or disc problems, and energizes parts of your body that have become stiff. While seated, slowly point your toes forward away from your body until you feel a slight tension—hold for 20-30 seconds. This exercise is good for strengthening your leg muscles. Extend your leg out in front of you and hold for 20-30 seconds. Lower your leg sooner if it starts to quiver. Alternate legs or hold both up together.

Change Your Oil—Avoid Alcohol

Alcohol-related motor vehicle crashes kill someone every 30 minutes and non-fatality

crashes injure someone every 2 minutes. Don't be fooled. When it comes to alcohol, a drink is a drink and all are the same to a Breathalyzer. The FMCSR states that driving a CMV with the concentration of 0.04 alcohol will disqualify you from service.

**VAN OPERATOR QUALIFICATION QUIZ
FOR ENTRY-LEVEL COMERCIAL MOTOR VEHICLE OPERATORS**

Van Operator Qualification

1. A van operator must be _____ to qualify.
 - a. 21 years old
 - b. Have a negative drug test
 - c. Read and speak the English language
 - d. All of the above
2. A van operator cannot have more than _____ moving traffic citations in a 12-month period according to company policy
 - a. 2
 - b. 1
 - c. 4
 - d. 0
3. What is the maximum blood pressure ratio a van operator can have for a full physical update?
 - a. 100/70
 - b. 160/90
 - c. 139/89
 - d. 159/79
4. A van operator controlling diabetes cannot be qualified if using _____ to control it.
 - a. Pills
 - b. Insulin
 - c. Diet
 - d. all of the above
5. A van operator can be considered for qualification if they are currently on probation/parole according to company policy.

True False

Hours of Service Regulations

1. Within compliance of the 70 hour rule, how many hours off duty must a van operator have to restart the 70 hour on duty period?
 - a. 24
 - b. 15
 - c. 34
 - d. 40
2. How many hours can a van operator drive following 10 consecutive hours off duty?
 - a. 11
 - b. 14
 - c. 8
 - d. 10

3. If a carrier allows a driver to log mealtime as off-duty time, does that permit a driver to extend the 14-hour on-duty period?

Yes No

4. What is included to accumulate the 14-hour rule?
 - a. Driving time
 - b. On-duty not driving time
 - c. One hour of Sleeper berth
 - d. All the above

Whistleblower

1. How many days do I have to file a complaint?
 - a. 180
 - b. 200
 - c. 100
 - d. 50
2. Can an employer fire me for whistle blowing on the company?

Yes No
3. Who do you contact to file a complaint?
 - a. OSHA
 - b. FMCSA
 - c. Vanline Services
 - d. Your employer

Wellness

1. What is a healthy food you should eat regularly?
 - a. carrot cake
 - b. chocolate chip cookies
 - c. potato chips
 - d. celery
2. What should I avoid to get a better night's sleep?
 - a. alcohol
 - b. caffeine
 - c. smoking
 - d. all of the above
3. What is the recommended number of times I should exercise in a week?
 - a. 3
 - b. 7
 - c. 5
 - d. 1

Instructor: Quiz Answers listed below. Please detach before applicant takes quiz.

Van Operator Qualification: 1. d 2. a 3. c 4. b 5. False **Hours of Service Regulations:** 1. c 2. a 3. No 4. d
Whistleblower: 1. a 2. No 3. a **Wellness:** 1. d 2. d 3. a

CERTIFICATE OF TRAINING COMPLETION

I certify

(Van operator name printed here)

has completed training requirements set forth in the Federal Motor Carrier Safety Regulations
for Entry-level driver training in accordance with 49 CFR 380.503 in the following areas:

Driver Qualification
Hours of Service
Whistleblower Protection
Driver Wellness

Agency/Dealer Safety Representative (ASR) Signature on _____ Date

Agency/Dealer Name/Number

Agency/Dealer Address Street City State Zip

Van Operator Signature on _____ Date



We take pride in the way we service our customers. The safety of the public, our van operators, our customers and their goods is our first priority.

We commit to high professional safety standards that meet or exceed all safety and legal requirements. By affiliating with us and operating on our behalf, you must:

- Make safety your top priority.
- "Do the Right Thing," if the commitment to safety is ever challenged.
- Follow all Home Office safety policies and procedures.
- Follow the laws of the various jurisdictions in which you operate, such as state and federal motor carrier safety, traffic, truck size and weight requirements and the federal consumer protection regulations.
- Ensure that your record of duty status (log) is accurate and complete and meets hours-of-service requirements with no exceptions.
- Maintain our "zero tolerance" for drug and alcohol use and possession.
- Maintain current van operator qualifications and credentials at all times.
- Take proper care in inspecting and maintaining equipment.
- Use only laborers, helpers, packers and loaders who have been screened under Home Office Quality Labor Background Check policies.
- Contact the Home Office Safety department for help or to report an incident:
 - Log Hot Line 866-LOG LINE (866-564-5463)
 - Out-of-Service Infraction Hot Line 866-765-1460
 - Accident Reporting During Business Hours (M – F, 8 a.m. – 5 p.m. CT):
866-765-1460 or 636-326-3100
 - Accident Reporting After Business Hours: 866-765-1460

If you have any questions or concerns at any time, you may contact your agent/dealer or may anonymously report safety or compliance concerns to 800-637-2154 or integritymatters@unigroupinc.com.

Your commitment to safety will drive our success!

If you are ready to make this commitment, sign below.

Van Operator Signature

Date

Print Name

Agent /Dealer #

Van Operator ID

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with _____ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.