

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 complete application before the background investigation can be started.
- ___ **DISCLOSURE AND RELEASE (SAF-61)**
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 Waiver Care (SAF-31A) 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)**
Necessary 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-18). The van operator applicant must sign the receipt for this material. The signed receipt is required for qualification.
- ___ **WEIGHING RULES (SAF-49)**
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-60)**
This form is strictly voluntary.
- ___ **FMCSSR POCKETBOOK RECEIPT (60 SAF-06)**
The van operator applicant will retain the FMCSSR 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



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 _____

PERSONAL	Name (Last) _____ (First) _____ (Middle) _____		Date of Birth _____	Social Security No. _____	
	Address (Street) _____ (City) _____ (State) _____ (Zip) _____		How Long? _____	Telephone No. (include area code) _____	
	List additional addresses within last 5 years _____		How Long? _____	Cell Phone No. (include area code) _____	
	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 know 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 accomadation, 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 D.O.T. required drug or alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EDUCATION Indicate Highest Grade Completed: _____					

JOB HISTORY	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.									
							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	Yes No
	Street	()								
	City	State						Yes No	Yes No	Yes No
	Name	Phone No.						Yes No	Yes No	Yes No
	Street	()								
City	State						Yes No	Yes No	Yes No	
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? Yes 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? Yes 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? Yes 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, Ect.)	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	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											
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 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



**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.
- **Identity 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 Translt, 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

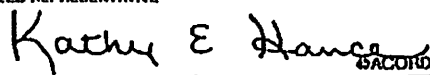
ISSUE DATE (MM/DD/YY)
 00/00/00

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
INSURED #1 DRIVER ADDRESS CITY, STATE, ZIP	COMPANY LETTER A INSURANCE COMPANY
	COMPANY LETTER B
	COMPANY LETTER C
	COMPANY LETTER D
	COMPANY LETTER E

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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT.				GENERAL AGGREGATE PRODUCTS-COMP/DPS AGGREGATE PERSONAL ADVERTISING INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MEDICAL EXPENSE (Any one person)	\$ \$ \$ \$ \$ \$
A	<input checked="" type="checkbox"/> ANY AUTO non-trucking ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	111	00/00/00	00/00/00	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 1,000 \$ \$ \$
	EXCESS LIABILITY OTHER THAN UMBRELLA FORM				EACH OCCURRENCE 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 <input type="checkbox"/> Recertification <input type="checkbox"/> Follow-up <input type="checkbox"/>	Date of Exam
Address	City, State, Zip Code	Work Tel: ()	Driver License No.	License Class <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <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.																																																																																																																										
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<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p>																																																																																																																										

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.

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 can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? Yes No

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 \geq 5 ft., with or without hearing aid, or b) average hearing loss in better ear \leq 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	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:				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 \leq 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 \leq 140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if \leq 140/90
\geq 180/110	Stage 3	6 months from date of exam if \leq 140/90	6 months if \leq 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 lense
- 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"/> driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> wearing hearing aid | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a _____ waiver/exemption | <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 <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO.	STATE
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 it's 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 recheck 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 "nagging" 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, Pseudoisochromatic, Yarn) 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 66, 18,

23, etc. The examiner should not use only sibilants (s 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.

6

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"/>	<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. _____
(Reviewed by: Signature) (Date) (Title)



**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.

9

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 of 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. caffelne
 - 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

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

Agency/Dealer Name/Number

_____ Street _____ City _____ State _____ Zip

_____ on _____
Van Operator Signature Date

SAFETY COMMITMENT



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.