

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY DIVISION  
215 Transportation and Safety Building  
Harrisburg, PA 17120  
(717) 7877445

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THE FORMS LISTED BELOW ARE PROVIDED TO ASSIST CARRIERS IN COMPLYING WITH THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOUND IN TITLE 49 CFR, SECTIONS 390 TO 399. BECAUSE THE ULTIMATE RESPONSIBILITY FOR COMPLIANCE RESTS WITH THE CARRIER, THE CARRIER SHOULD REVIEW AND BE FAMILIAR WITH THE REQUIREMENTS AND EVALUATE THESE FORMS PRIOR TO THEIR USE TO DETERMINE IF THEY ADEQUATELY MEET THEIR NEEDS.

*(These copies may be reproduced)*

- FORM 1      APPLICATION FOR EMPLOYMENT
- FORM 2      MOTOR VEHICLE DRIVER'S CERTIFICATION
- FORM 3      REPORT OF MOVING TRAFFIC VIOLATIONS
- FORM 4      INVESTIGATION OF DRIVER'S EMPLOYMENT
- FORM 5      INQUIRY INTO DRIVER'S DRIVING RECORD (Cover letter and form)
- FORM 6      DRIVERS ROAD TEST PERFORMANCE
- FORM 7      NEW HIRING REPORTING PACKET AND FORM

# APPLICATION FOR EMPLOYMENT

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

FOR PAST THREE YEARS } ADDRESS \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS-DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

# SAMPLE APPLICATION FOR EMPLOYMENT

**TO APPLICANT:** The Civil Rights Acts of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals as well as discrimination on the basis of a physical or mental disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry or marital status.

(Please Print) Date \_\_\_\_\_

## PERSONAL

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Previous Address \_\_\_\_\_

Positions(s) applied for \_\_\_\_\_  Full Time  Part time

If part time specify days/hours \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If YES, when? \_\_\_\_\_

Indicates special qualifications or skills \_\_\_\_\_

*Do not answer any question in this section unless the box is checked, indicating an educational requirement for the position for which you are applying*

EDUCATION	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree
	High School				
	College				
	Other (specify)				

## MISCELLANEOUS

- Are you over 21? \_\_\_\_\_ (If NO, applicant is subject to minimum legal age verification.)
- Have you ever been bonded? \_\_\_\_\_ If YES, list jobs \_\_\_\_\_
- Have you been convicted of a crime within the past ten years (excluding misdemeanors and traffic offenses)? (Conviction for a felony or misdemeanor will not necessarily be a bar to employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.) If YES, list convictions \_\_\_\_\_
- The attached job description sets forth specific job duties for the position for which you are applying. Can you perform the listed duties, with or without accommodation? (Applicants will not necessarily be disqualified if they are unable to perform a particular job duty.)  Yes  No
- If the answer to the above question is NO, please identify the duties which you are unable to perform. \_\_\_\_\_
- If any of the duties set forth in the attached job description may be performed only with accommodation, please indicate which duties, how you would perform those duties, and what accommodation(s) you will need. \_\_\_\_\_
- Can you meet the attendance requirements of the position?  Yes  No
- Are you a U.S. Citizen?  Yes  No
- If not, are you a lawfully immigrated alien who is legally eligible to work?  Yes  No
- If YES, can you provide documentation upon employment? \_\_\_\_\_

(1) copy - Driver's Qualification File

**NOTE:** The following certification is required to be received from each driver at least once a year. If the driver has informed the carrier during the year of each traffic conviction using the "Report of Moving Traffic Violations" form (see Form 3), then no annual submission is required. However the carrier must review this driver's record each year. A note, setting forth the date upon which the review was performed and the name of the person who reviewed the driving record shall be included in the driver's qualification file.

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.

DATE OF CONVICTION	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.

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Reviewed by: Signature)

\_\_\_\_\_  
(Title)

## REPORT OF MOVING TRAFFIC VIOLATIONS

Return To: Motor Carrier

**PLEASE PRINT OR TYPE ALL INFORMATION**

1. LAST NAME FIRST NAME MIDDLE INITIAL

DRIVER'S LICENSE # _____ 2A. SOCIAL SECURITY # _____	3. DATE OF BIRTH Mo:                  Day:                  Year.
4. DATE OF ARREST Mo:                  Day:                  Year:	5. DATE OF CONVICTION Mo                  Day:                  Year.
6. STATE IN WHICH VIOLATION OCCURRED Specify	7. TRAFFIC LAW VIOLATED Specify

8. DESCRIPTION OF VIOLATION (I.E., SPEEDING, DUI, RECKLESS DRIVING, ETC.)

9. COMMERCIAL VEHICLE    YES \_\_\_\_\_ NO \_\_\_\_\_    9A. VEHICLE PLATE # \_\_\_\_\_

10. STATE VEHICLE IS REGISTERED \_\_\_\_\_

11. ACCIDENT                   YES                   INJURY                   FATALITY  
     NO

\_\_\_\_\_  
SIGNATURE OF DRIVER

\_\_\_\_\_  
DATE

(1) copy - Driver's Qualification File

INVESTIGATION OF DRIVER'S EMPLOYMENT

Date \_\_\_\_\_

Name of Driver \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Social Security No. \_\_\_\_\_

(Suggested letter to be sent to former employer)

(Former Employer's  
Name and Address)

The above-named driver has applied with us for a truck driving position.

His application states that he formerly was employed by you as a truck driver.

Kindly furnish us with information covering his period of employment,  
type of equipment driven, accident record, traffic violations, and other information  
pertinent to his employment.

NOTE: The carrier must conduct an investigation of the driver's employment record within 30 days of the date employment begins. The investigation may consist of personal interviews, telephone interviews, letters, or any other method of obtaining information that the carrier deems appropriate.

Each motor carrier must make a written record with respect to each past employer who was contacted. The record must include the past employer's name and address, the date of contact, and comments with respect to the driver. The record must be retained in the motor carrier's files as part of the driver's qualification file.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF TRANSPORTATION



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IN REPLY REFER TO

Dear Sir/Madam:

The Bureau of Driver Licensing will process your request for driver information. Before your request can be processed the Request for Driver Information form(s) DL-503 must be completed for each driving record requested. The fee is \$5.00 per each record. In order to comply with the requirements of the Federal Fair Credit Reporting Act, either the release on the reverse of the DL-503 form must be signed by the driver whose record is sought or you can elect 2 to complete the Affidavit of Intended Use, which must be signed and notarized.

The following information must be completed in Section A of the form. Enter your name and address in the space to the left. Enter, in Section C, the Pennsylvania driver's number, name (last name first), and date of birth of driver whose record is sought and last known address. Enter your name again in #3 (25 letters or less) and in #4 the purpose of your request from the list of codes indicated. This is a single letter code and must correspond to the purpose certified by your completed Affidavit of Intended Use, or if you have used the Consumer Release instead, the Purpose Code B must be used. If a driving record is being requested for more than one purpose, enter just one Purpose Code. If one of the multiple purposes is for employment, "E" must be your Purpose Code.

Make a check or money order payable to the Department of Transportation in the proper amount (\$5.00 per each record). Attach your check or money order to the enclosed form(s) and mail to the Bureau of Driver Licensing, Information Sales Section, Room 311, P.O. Box 8691, Harrisburg, Pennsylvania 17105.

Sincerely,

Daniel R. Smyser, P.E., Manager  
Motor Carrier Safety Division

# REQUEST FOR DRIVER INFORMATION

PRINT OR TYPE ALL INFORMATION LEGIBLY

## SEE REVERSE FOR INSTRUCTIONS / INFORMATION

- CHECK (✓) ONE ONLY:
- BASIC INFORMATION - \$5.00 FEE
  - 3 YEAR DRIVER RECORD - \$5.00 FEE
  - 10 YEAR DRIVER RECORD - \$5.00 FEE – FOR COMMERCIAL DRIVERS ONLY
  - CERTIFIED DRIVER RECORD - \$10.00 FEE
  - COPY OF DOCUMENT FROM FILE (MICROFILM) - \$5.00 FEE
  - CERTIFIED COPY OF DOCUMENT FROM FILE - \$10.00 FEE

A REQUESTER INFORMATION				B DRIVER INFORMATION			
NAME		ADDRESS		NAME Last First Initial		ADDRESS	
CITY STATE ZIP		CITY STATE ZIP		CITY STATE ZIP CODE		CITY STATE ZIP CODE	
DAYTIME TELEPHONE NUMBER ( )		DAYTIME TELEPHONE NUMBER ( )		DRIVER NUMBER		DRIVER NUMBER	
X		SIGNATURE OF REQUESTER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD				MONTH DAY YEAR			
E AFFIDAVIT OF INTENDED USE				C DRIVER RELEASE			
I hereby Certify that		NAME OF REQUESTER		YOU MUST FURNISH MORE THAN A NAME AND ADDRESS FOR A SEARCH			
will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked below only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 PA C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.		X		I _____ hereby			
X		SIGNATURE OF REQUESTER		Request the Pennsylvania Department of Transportation to furnish			
Title (if applicable)		Intended Use of the Information Requested (Check only one)		NAME OF REQUESTER			
		<input type="checkbox"/> E = Employment <small>* To support the hiring or the continuation of employment</small> <input type="checkbox"/> K = Court Order (Must be attached) <input type="checkbox"/> R = Insurance Insurance Company Requesting Record of: • Person it intends to insure, or • Person it now insures, or • Person it has rejected for insurance. <input type="checkbox"/> L – Attorney Representing Driver Identified in Section B		A copy of my Pennsylvania Driver's Record.			
SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR		SIGNATURE OF PERSON ADMINISTERING OATH		X			
NOTARIZATION  SIGN IN PRESENCE OF NOTARY				SIGNATURE OF DRIVER DATE			
				D MICROFILM			
				Complete if requesting microfilm copy of specific document(s) TYPE OF DOCUMENT (see list of available documents below)			
				DATE OF VIOLATION/ACTION		CERTIFIED COPY OF MICROFILM	
						<input type="checkbox"/> YES (\$10.00) <input type="checkbox"/> NO (\$5.00)	
				MICROFILM COPIES OF THE FOLLOWING DOCUMENTS MAY BE REQUESTED:			
				<ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> </ul>		<ul style="list-style-type: none"> <li>• Suspension Credit Affidavits</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>	

# INSTRUCTIONS

1. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
2. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name or name and address does not provide enough information for a proper search of the driver files.
3. A separate application is required for each record requested,,
4. If **requesting your own record**, complete Sections A & B only. -Notarization is NOT required,
5. If **requesting someone else's record**, complete Sections A & B and either C or E.
6. Check the type of record requested at the top of the front of the form. Check one only.
7. If **requesting a microfilm copy of a document from file**, complete all sections as noted above and also Section D. You must be specific in providing the type and date of the document. If, for example, there are several citations on the record,, the cost would be \$5.00 per each citation, You need to provide -the date, of the violation/action to clearly identify the citation(s) requested.
8. Make check or money order payable to "Commonwealth of Pennsylvania." **DO NOT SEND CASH.** Attach your check or money order and send to:

DEPARTMENT OF TRANSPORTATION  
BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
P.O. BOX 68695  
HARRISBURG, PA 17106-8695'

## DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION - \$5.00 Fee - Includes name, address, driver number, date of birth and class.

3 YEAR DRIVER RECORD - \$5.00 Fee - Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed.

10 YEAR DRIVER RECORD - \$5.00 Fee - Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. **Note: Available for Commercial Drivers only.**

CERTIFIED DRIVER RECORD - \$10.00 Fee - Includes name, address, driver number, -date of birth, class, license status, Departmental actions and violations for the complete history of the driver on file in Pennsylvania.

MICROFILM DOCUMENT - \$5.00 Fee - Copies of documents retained by the Department are available for purchase from the microfilm file. All requirements are the same as when asking for a driver record. You must be specific as to the type of document and the date of the violation/action.

COPY OF DOCUMENT - \$10.00 Fee - Copies of documents from the microfilm file that have been certified by the Department.

Original - Driver's Qualification File

DRIVER'S ROAD TEST PERFORMANCE

1. Pretrip Inspection

Passed: \_\_\_\_\_ Failed: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Coupling and uncoupling of combination units if applicable.

Passed: \_\_\_\_\_ Failed: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Placing the vehicle in operation.

Passed: \_\_\_\_\_ Failed: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

4. Use of the vehicle's controls and emergency equipment.

Passed: \_\_\_\_\_ Failed: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

5. Operating the vehicle in traffic and while passing other vehicles.

Passed: \_\_\_\_\_ Failed: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

### New Hire Reporting Form

**Required Employer Information**

FEIN:
Employer Name:
Address:
Contact Name:
Contact Phone #:

*Please mail or fax to:*

Commonwealth of Pennsylvania  
 New Hire Reporting Program  
 P. O. Box 69400  
 Harrisburg, PA 17106-9400

Fax: 717-657-HIRE (717-657-4473)

Phone: 1-888-PAHIRES (1-888-724-4737)  
*(for questions only)*

This form can be duplicated

**Required Employee Information** *(Please type or print legibly in black or blue ink.)*

Employee Social Security # _____	Date of Birth (mm/dd/yyyy) optional _____	Date of Hire (mm/dd/yyyy) _____
Name (first) _____	(middle) _____	(last) _____
Address _____		
City _____	State _____	Zip _____

Employee Social Security # _____	Date of Birth (mm/dd/yyyy) optional _____	Date of Hire (mm/dd/yyyy) _____
Name (first) _____	(middle) _____	(last) _____
Address _____		
City _____	State _____	Zip _____

Employee Social Security # _____	Date of Birth (mm/dd/yyyy) optional _____	Date of Hire (mm/dd/yyyy) _____
Name (first) _____	(middle) _____	(last) _____
Address _____		
City _____	State _____	Zip _____

New Hire Reporting

Lending a Hand to Pennsylvania's Children

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## NEW SECURITY BACKGROUND CHECKS FOR HAZMAT DRIVERS

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### I. HOW DID THE DRIVER SECURITY BACKGROUND CHECK ORIGINATE?

- In response to the 9/11 attacks, Congress passed the “*Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism*” (USA PATRIOT ACT)
- The Act authorized the Transportation Security Administration (TSA) to establish regulations that require a background check of any individual applying for or possessing a CDL hazardous material endorsement in order to determine whether the individual poses a security risk.
- The purpose behind the law is to prevent a terrorist from gaining access to hazardous material shipments which can be converted into a weapon of mass destruction.
- The TSA issued a final rule on March 5, 2003 requiring all CDL drivers that apply for or possess a CDL hazardous material endorsement to submit fingerprints and undergo a background check that covers criminal activity, citizenship status and mental capacity. Any driver or applicant determined to be a security risk by the TSA is barred from holding a hazardous material endorsement.

### II. DON'T THE FEDERAL REGULATIONS ALREADY REQUIRE DRIVER BACKGROUND CHECKS?

- Current driver background check requirements are limited to employment history, safe driving records and drug and alcohol use and must be conducted by the employer.
- The new TSA driver background check assesses whether or not the driver is a *security risk* and is conducted not by the employer but by state and federal agencies as part of CDL licensing procedures.

### III. HOW THE DRIVER SECURITY BACKGROUND CHECKS WORK.

- Under the TSA Regulations, state licensing authorities (SLA) are required to submit to the FBI fingerprints and biographical information of any individual applying for, renewing or transferring a CDL license with a hazardous material endorsement.
- The FBI uses the fingerprints and biographical information to conduct a background search that checks for certain criminal convictions or indictments, citizenship or residency violations and the existence of any mental deficiency the individual may have.
- Once the background check is complete, the FBI sends it to the TSA where a determination is made whether the individual poses a *security risk*.
- Once the security assessment is made, the TSA informs the SLA whether or not to issue a hazardous material endorsement to the individual.

- The SLAs are bound by the TSA determination.

#### **IV. THIS DRIVER IS A SECURITY RISK!**

The following events will trigger a security risk determination and **disqualify** a driver from holding a hazardous material endorsement:

##### **1) CRIMES – Disqualification due to criminal activity.**

a) The individual is *convicted* or *found not guilty by reason of insanity* within the last (7) seven years prior to the application for a hazardous material endorsement for any of the listed crimes below, **OR**

b) The individual has been released from prison within the last (5) five years prior to the application for a hazardous material endorsement for any of the listed crimes below, **OR**

c) The individual is wanted or under indictment for any of the disqualifying crimes listed below:

- Federal terrorism crime.\*
- Murder.\*
- Assault with intent to murder.
- Espionage.\*
- Sedition.\*
- Kidnapping or hostage taking.
- Treason.\*
- Rape or aggravated sexual abuse.
- Unlawful purchase, use, possession, manufacture, sale, distribution, receipt, transfer, shipping, transporting, delivery, import, export, or dealing in a firearm or other weapon.
- Extortion.
- Robbery.
- Arson.
- Distribution of, intent to distribute, or importation of a controlled substance.
- Dishonesty, fraud or misrepresentation, including identity fraud.\*
- Crime involving a severe transportation security incident.\*
- Improper transportation of a hazardous material.
- Bribery.
- Smuggling.
- Immigration violations.
- Violations of the Racketeer Influenced and Corrupt Organizations (RICO) Act.
- Unlawful purchase, receipt, transfer, shipping, transporting, import, export or storage of an explosive.\*
- Conspiracy or attempt to commit any of the above.

\* Disqualified for life crimes

##### **2) CITIZENSHIP STATUS – Disqualification due to citizenship status**

- Failure to possess valid permanent U.S. residency status or prior renunciation of U.S. citizenship.

##### **3) MENTAL STATUS – Disqualification due to insanity**

- Adjudicated a mental defective or committed to a mental institution.

#### **IV. WHAT ARE THE EMPLOYER RESPONSIBILITIES?**

- Employers **are not** required to conduct or pay for driver background checks or security assessments under the final rule.
- Employers must make certain that each driver has a valid CDL hazardous material license.

#### **V. WHAT ARE THE DRIVER'S RESPONSIBILITIES?**

- CDL-HM drivers have a duty to disclose to the SLA disqualifying events occurring in the past or any subsequent event within 24 hours of occurrence.
- Beginning 01/31/05 all *new applicants* for a hazardous material endorsement must provide the SLA with a set of fingerprints and additional biographical information as part of the application process.
- Beginning 05/31/05 *existing drivers* with hazardous material endorsements must undergo a background security threat assessment at their next regularly scheduled renewal date.
- Drivers must initiate the security threat assessment process at least thirty days prior to the date of expiration of their hazardous material endorsement. (SLA's will explain in writing 60 days before the date of expiration how to initiate the process).
  - Drivers must pay all fees associated with the background security threat checks to the SLA upon application or renewal of a CDL hazardous material endorsement.
    - \$38 for the collection of fingerprint and application information by the state licensing agency or designated TSA agent;
    - \$34 for the security threat assessment conducted by the TSA and
    - \$22 for the FBI criminal history investigation.

#### **VI. WHAT ARE THE SLA'S RESPONSIBILITY?**

- No SLA may issue or renew a hazardous material endorsement unless the state receives a "Determination of No Security Threat" from the TSA.
- SLAs Must give each individual holding a hazardous material endorsement at least 60 days notice prior to expiration of the endorsement that he or she will be subject to security threat assessment as part of the renewal application process.
- SLAs must immediately revoke an individual's hazardous material endorsement if the TSA informs the state that the individual is a security risk.
- SLAs must update the driver's record with the TSA security assessment determination.

#### **VII. WHERE MUST A DRIVER REPORT FOR FINGERPRINTING?**

- The SLAs will provide written notification to drivers concerning where to report for fingerprinting as part of the license renewal process.

#### **VIII. HOW LONG WILL THE WHOLE SECURITY ASSESSMENT PROCESS TAKE?**

- The TSA claims that background check and security threat assessment will take no longer than 30 days.

#### **IX. WHAT IF THE HAZARDOUS MATERIAL ENDORSEMENT EXPIRES BEFORE THE TSA REPORTS THE SECURITY ASSESSMENT DETERMINATION BACK TO THE SLA?**

- Driver's are urged to initiate the security threat assessment process as soon as they receive their 60 day notice of renewal from the SLA.
- SLA's *may*, but are *not required* to provide a 90 extension of an expiring hazardous material endorsement if the TSA security threat assessment is not returned before the expiration date.

#### **X. WHO IS NOTIFIED OF THE TSA'S SECURITY THREAT ASSESSMENT?**

- The TSA notifies both the SLA and the driver if a determination is made that a security threat exists.
- The TSA will only notify the SLA if the security assessment finds no security risk.
- The employer is **never** notified by the TSA or the SLA of security determinations under the interim final rule.

#### **XI. CAN A DRIVER APPEAL A TSA DETERMINATION OF SECURITY RISK?**

- A driver may appeal the TSA security risk determination only if incorrect information is used to make the determination.
- Upon denial of an appeal, a driver may seek a waiver from the TSA.