

## DRIVING REQUIREMENTS

### **WHEN TO GET STARTED**

Candidates successfully selected for the PSI Program will be required to obtain a Class A Commercial Driver's License (CDL-A) and maintain the CDL-A as a condition of the program and future employment. After a successful technical evaluation, physical capabilities testing, and acceptable background screening process, PSI candidates must schedule a Department of Transportation (D.O.T.) Physical/Medical Examination with a National Registered Physician. Typically, this takes place in the April-May timeframe. General information can be found at <http://www.fmcsa.dot.gov/regulations/medical>

### **HOW DO I LOCATE A NATIONAL REGISTERED PHYSICIAN IN MY AREA?**

Please visit <https://nationalregistry.fmcsa.dot.gov/NRPublicUI/home.seam> to locate a National Registered Physician in your area.

### **IS THERE A COST FOR THE D.O.T. PHYSICAL?**

Yes. The PSI candidate is responsible for the cost associated with obtaining a D.O.T. physical.

### **DO I NEED TO COMPLETE THE D.O.T. PHYSICAL IF I CURRENTLY HOLD A COMMERCIAL DRIVER'S LICENSE?**

You must ensure your Commercial Driver's License is active and up-to-date. If this is the case, locate a copy of your most recent Medical Examiner's Certificate and make a copy of your current Commercial Driver's License and submit both pieces of information to your designated recruiter.

### **DO I NEED TO COMPLETE A DRUG SCREENING AS PART OF MY D.O.T. PHYSICAL?**

No; however, you will be required at a later date to complete the screening process. More information will be provided at the start of the fall semester.

### **IS THERE A DEADLINE FOR COMPLETING THE D.O.T. PHYSICAL?**

Yes. Your designated recruiter will establish a deadline. Typically, the documentation is submitted prior to qualification school for the overhead lineworker or substation electrician position. You will not be permitted to attend qualification school if you have not submitted your Medical Examiner's Certificate.

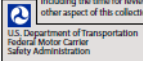
## WHAT FORM DOES FIRSTENERGY REQUIRE?

The form required by FirstEnergy is located below

**Please Note: Do not** send an official copy of the *Medical Examination Report for Commercial Driver Fitness Determination* to your FirstEnergy recruiter. This information is confidential and should not be shared outside the PSI candidate's personal files/records. FirstEnergy only needs a copy of the document below in the form of mail, fax or e-mail to your designated recruiter.

The certificate below is located at:

<https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/docs/MCSA-5876-5-4-2016-508.pdf>

Form MCSA-5876		OMB No. 2126-0006 Expiration Date: 8/31/2018	
<p><b>Public Burden Statement</b>  <small>A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-HRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</small></p>			
		<p><b>Medical Examiner's Certificate</b>          (For Commercial Driver Medical Certification)</p>	
<p>I certify that I have examined <b>Last Name:</b> _____ <b>First Name:</b> _____ in accordance with (please check only one):</p> <p> <input type="radio"/> 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 (check all that apply) <b>OR</b>  <input type="radio"/> the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):         </p> <p> <input type="checkbox"/> Wearing corrective lenses    <input type="checkbox"/> Accompanied by a _____ waiver/exemption    <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  <input type="checkbox"/> Wearing hearing aid    <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate    <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal)  <input type="checkbox"/> Grandfathered from State requirements (State)         </p> <p>The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.</p> <p style="text-align: right;"><b>Medical Examiner's Certificate Expiration Date</b>  <input style="width: 150px; height: 20px;" type="text"/></p>			
<p><b>Medical Examiner's Signature</b></p> <p>_____</p> <p><b>Medical Examiner's Name (please print or type)</b></p> <p>_____</p> <p><b>Medical Examiner's State License, Certificate, or Registration Number</b></p> <p>_____</p>		<p><b>Medical Examiner's Telephone Number</b></p> <p>_____</p> <p><b>Medical Examiner's License Information</b></p> <p> <input type="radio"/> MD    <input type="radio"/> Physician Assistant    <input type="radio"/> Advanced Practice Nurse  <input type="radio"/> DO    <input type="radio"/> Chiropractor    <input type="radio"/> Other Practitioner (specify) _____         </p> <p><b>Issuing State</b></p> <p>_____</p> <p><b>National Registry Number</b></p> <p>_____</p>	
<p><b>Driver's Signature</b></p> <p>_____</p> <p><b>Driver's Address</b></p> <p>Street Address: _____ City: _____ State/Province: _____ Zip Code: _____</p>		<p><b>Driver's License Number</b></p> <p>_____</p> <p><b>Issuing State/Province</b></p> <p>_____</p> <p><b>CLP/CDL Applicant/Holder</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	

## WHAT IS THE DEFINITION OF INTERSTATE AND INTRASTATE COMMERCE?

### For Drivers over the Age of 21:

**Interstate Commerce** is trade, traffic, or transportation involving the crossing of a state boundary. Either the vehicle, its passengers, or cargo must cross a state boundary, or there must be the intent to cross a state boundary to be considered an interstate carrier.

### For Drivers under the Age of 21:

**Intrastate Commerce** is trade, traffic, or transportation within a single state.

For more information, visit <http://www.fmcsa.dot.gov/medical/driver-medical-requirements/driver-exemption-programs#sthash.KPCjm6MR.dpuf>