



Phone: 717-432-3773  
 Email: [franklintwp@pa.net](mailto:franklintwp@pa.net)  
 Web: franklintownship.org

**Franklin Township York  
 County**  
**150 Century Lane**  
**Dillsburg, PA 17019**

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify this application was completed by me and that all entries and information in it are true and complete to the best of my knowledge. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way. If the employer decides to employ me, I understand and agree that my employment is at will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Township has any authority to enter into any agreement for employment for any specified period of time. You are hereby authorized to make any investigation of my personal history, financial and credit record through any investigative or credit agencies of your choice.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Operating Privileges**

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes \_\_\_ No \_\_\_

Has any license, permit, or privilege ever been suspended or revoked?

Yes \_\_\_ No \_\_\_

Did you have a positive pre-employment drug or alcohol test in the past two years?

Yes \_\_\_ No \_\_\_

If any answer is "Yes", attach a statement giving details, including contact information for your counselor.

**Record of CMV Employment for Past 10 Years**

Note: If this employee has no history of CMV employment in last 3 years, check here ( ).

Otherwise, make additional copies as needed.

Last Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was this job subject to FMCSRs (i.e., CMV)? (Y) (N) [If "Yes," send "Form Safety"]

Was this job subject to U.S. DOT random testing (i.e., CDL)? (Y) (N) [If "Yes," send "Form Results"]

2<sup>nd</sup> Last Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was this job subject to FMCSRs (i.e., CMV)? (Y) (N) [If "Yes," send "Form Safety"]

Was this job subject to U.S. DOT random testing (i.e., CDL)? (Y) (N) [If "Yes," send "Form Results"]

**TO BE READ AND SIGNED BY APPLICANT**

By signing below, I certify that this 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.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Today's Date

**NOTE:** This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers, and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.



# REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$10.00 FEE (Driver history is not included)  
 3 YEAR DRIVER RECORD: \$10.00 FEE  
 10 YEAR DRIVER RECORD: \$10.00 FEE (Employment Purposes Only)

- FULL HISTORY: \$10.00 FEE  
 CERTIFIED DRIVER RECORD: \$34.00 FEE  
 COPY OF DOCUMENT FROM FILE (MICROFILM): \$10.00 FEE  
 CERTIFIED COPY OF DOCUMENT FROM FILE: \$34.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at [www.dmv.pa.gov](http://www.dmv.pa.gov)

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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. 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**INSTRUCTIONS**

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. 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.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$10.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."  
**DO NOT SEND CASH.** Attach your check or money order and send to:

**For overnight and other special mail:**

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

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
1101 SOUTH FRONT STREET 3RD FLOOR  
HARRISBURG PA 17104-2516

**DESCRIPTION OF INFORMATION AVAILABLE**

BASIC INFORMATION . . . . Includes name, address, driver number, date of birth and class of license.

(\$10.00 fee)

3 YEAR RECORD\* . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past

(\$10.00 fee) 3 years from the date request is processed.

10 YEAR RECORD\* . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$10.00 fee) past 10 years from the date request is processed. A 10-year record is for employment purposes only.

FULL HISTORY . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$10.00 fee) **complete** history of the driver on file in Pennsylvania.

CERTIFIED RECORD . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$34.00 fee) **complete** history of the driver on file in Pennsylvania certified by the Department.

**MICROFILM**

DOCUMENT . . . . . Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific

(\$10.00 fee) as to the type of document and the date of the violation/action.

**CERTIFIED COPY**

OF DOCUMENT . . . . . Copies of documents from the microfilm file that have been certified by the Department.

(\$34.00 fee)

**IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION**

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

**Visit us at [www.dmv.pa.gov](http://www.dmv.pa.gov) or call us at:**

In state: 1-800-932-4600 ♦ TDD: 1-800-228-0676 ♦ Out-of-State 1-717-412-5300 ♦ TDD Out-of-State: 1-717-412-5380

\* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at [www.dmv.pa.gov](http://www.dmv.pa.gov) and click on "Online Business Services" for more information.

**SECTION 603(X) FAIR CREDIT REPORTING ACT  
DISCLOSURE STATEMENT REGARDING  
DRIVER LICENSE REPORTS**

FOR JOB APPLICANTS: In conjunction with my application for employment with the prospective employer named above that will require the operation of motor vehicles on public roads or for my continuation of employment, I understand that this employer intends to obtain information concerning my driver's license record from the state which issued my current driver's license at time of hire and regularly during my employment.

FOR JOB APPLICANTS AND CURRENT EMPLOYEES: By signing below, I acknowledge having read the following disclosure, and I hereby authorize this employer (or its authorized agents) to obtain the above referenced information. Further, if I am hired or if I am already employed by this employer, this authorization shall remain on file with the employer and shall serve as an ongoing authorization for this employer to obtain this information about me any time during my employment. Any copy of this authorization shall be as valid as the original.

I also agree that any and all disputes arising from the prospective employer's use of this information shall be brought only in state or federal court in the Commonwealth of Pennsylvania, and shall be governed by, and construed in accordance with, the laws of the Commonwealth of Pennsylvania.

DISCLOSURE: I understand that this employer may use the information provided by such state agency in determining whether (1) to offer employment to me pursuant to Section 604 of the federal Fair Credit Reporting Act, or (2) to continue employment based on the findings of such report. I further understand that, if this prospective employer takes any adverse action (such as not offering me employment) based in whole or in part on this information, the prospective employer shall provide me a copy of the report containing the information obtained from the applicable state driver's license agency, including:

1. The name, address, and telephone number of the state agency that provided the report;
2. A statement that the state agency in question did not make the adverse decision and is not able to explain why the adverse decision was made;
3. A statement setting forth the applicant's right to obtain a free disclosure of the applicant's file from the state agency if the consumer makes a written request within 60 days; and,
4. A statement setting forth the applicant's right to dispute directly with the relevant state agency the accuracy or completeness of any information provided by such state agency.

Print Employer Name: \_\_\_\_\_

Print Applicant/Employee Name: \_\_\_\_\_

Applicant/Employee Signature: \_\_\_\_\_

State Which Issued Driver's License: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*NOTE: This form and any information that is disclosed to the employer as a result must be maintained in this employee's personnel file, remain confidential, and are exempt from disclosure under the state's Right-to-Know Law.*

**REQUEST FOR DRIVING RECORD FROM STATES  
WHICH ISSUED THIS DRIVER AN OPERATOR  
LICENSE IN PAST 3 YEARS**

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driver Name:** \_\_\_\_\_

**Driver Operators License #:** \_\_\_\_\_ **Driver SSN:** \_\_\_\_\_

In accordance with federal regulations (49 CFR 391.23 (a)(1) and (b)), this employer must inquire, within 30 days from when the driver's new employment begins, about this driver's driving record from each State which issued the applicant an operators license or permit during the past 3 years. **In the event this inquiry is not on the correct form, please send us your appropriate form.**

The above-named individual has made application with this employer for employment in a CMV capacity and indicated that the above-numbered operator's license or permit number has been issued by your State to this applicant within 3 years of today's date. Please provide a transcript of your records detailing this driver's driving record and return it and this form to our address above.

**AUTHORIZATION TO RELEASE REQUIRED INFORMATION**

I, \_\_\_\_\_, hereby specifically authorize this employer to obtain the information listed above as a condition of my performing CDL activities for this new employer.

\_\_\_\_\_  
Driver's signature

\_\_\_\_\_  
Date

# Request for CMV Driver's Safety Performance History from Employers in Past 3 Years

To (name of previous employer):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From (name and address of prospective employer):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver Name: \_\_\_\_\_

Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

The above-named individual has advised us of employment with you in a CMV capacity within the past three years. Federal regulations (49 CFR 391.23(d)) require that previous employers provide the information requested below within 30 days of receipt of this request. Once completed by you, please return this form to our address above. Failure by you to respond to this request will result in a complaint of violation being forwarded to the FMCSA.

### Authorization to release required information

I, \_\_\_\_\_, hereby specifically authorize this previous employer to provide the below requested information to this new employer.

\_\_\_\_\_  
Driver's signature

\_\_\_\_\_  
Date

### Required information from previous employer

- 1.) Indicate dates of employment of this employee: \_\_\_\_\_
- 2.) Indicate type of work this employee did for you: \_\_\_\_\_
- 3.) Was this employee involved in any accidents as defined by 49 CFR 390.5 in the past three years? If so, indicate the date of accident, the municipality/state where the accident occurred, the number of injuries, the number of fatalities, and whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicle involved in the accident, were released:  
\_\_\_\_\_  
\_\_\_\_\_

- 4.) Is this previous employer attaching copies of any accident reports required by State or other governmental entities or insurers or as pursuant to the employer's internal policies for retaining more detailed minor accident information? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Name of commentor from previous employer

\_\_\_\_\_  
Commentor's Title

### No Investigation Possible

Note: The new employer should check this box  to indicate that it was not possible to obtain the above-requested information since the applicant did not have any previous CMV employment. This form must be retained in the driver's qualification file to document why no request was made.

**REQUEST FOR CDL DRUG AND ALCOHOL TESTING RESULTS  
FROM EMPLOYERS IN PAST 3 YEARS**

To (name of previous employer):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From (name and address of prospective employer):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver Name: \_\_\_\_\_

Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

The above-named individual has advised us of employment with you in a CDL capacity within the past three years. Federal CDL regulations (49 CFR 391.23(e)) require that previous employers provide the information requested below within 30 days of receipt of this request. Once completed by you, please return this form to our address above. Failure by you to respond to this request will result in a complaint of violation being forwarded to the FMCSA.

**Authorization to release required information**

I, \_\_\_\_\_, hereby specifically authorize this previous employer to provide the below requested information to this new employer.

\_\_\_\_\_  
Driver's signature

\_\_\_\_\_  
Date

**Required information from previous employers**

1. Did this driver violate the alcohol and controlled substances prohibitions of 49 CFR Parts 40 and 382 in the last three years? \_\_\_ Yes \_\_\_ No
2. Did this driver fail to complete a required rehabilitation program prescribed by a substance abuse professional? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown  
If "Yes" or "Unknown," the new employer must obtain proof from the driver of successful completion of such a rehabilitation program before engaging in CMV activity.
3. If this driver had successfully completed a required rehabilitation program, and remained in the employ of this previous employer, did this driver ever:
  - A. have another alcohol test with a result of 0.04 or higher? \_\_\_ Yes \_\_\_ No
  - B. have another verified positive drug test? \_\_\_ Yes \_\_\_ No
  - C. refuse any test (including verified adulterated or substitute drug test)? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Name of commentor from previous employer

\_\_\_\_\_  
Commentor's Title

**No Investigation Possible**

Note: The new employer should check this box  to indicate that it was not possible to obtain the above-requested information since the applicant did not have any previous CDL employment. This form must be retained in the driver's qualification file to document why no request was made.



## PSATS CDL Program Guidance

### Right to review responses.

Federal regulations at 49 CFR 391.21(d) require that, before an application for CMV employment is submitted, the prospective employer must inform the applicant that information from previous employers may be used, and the applicant's previous CMV employers will be contacted, for the purpose of investigating the applicant's safety and test results history as required by paragraphs 49 CFR 391.23(d) and (e). This notice is contained in the PSATS CDL Program's model application for CMV employment (CDL Form APPLY).

Further, this prospective employer must also notify the applicant in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations, which is provided below. This requirement can be met by using this document.

#### **Employee rights regarding results of investigations and records as per 49 CFR 391.23(i):**

An employee has the right to: (a) review information provided by previous employers; (b) have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and (c) have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

*Over ...*

# Employee's Copy

The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in such records must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in such records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history. Within five business days of receiving a rebuttal, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at 49 CFR 386.12.

###

# DISQUALIFICATIONS AND TRAFFIC OFFENSES FACT SHEET

**Q: What is a disqualification?**

A: A disqualification is the temporary or permanent withdrawal of a person's privilege to operate a commercial motor vehicle (CMV).

**Q: How long can a disqualification last?**

A: The length of a disqualification depends on the violation as well as the driver's record. It can be for a minimum of 60 days or as long as a lifetime.

**Q: How does a Commercial Driver become disqualified?**

A: A disqualification can result from a single conviction for a MAJOR OFFENSE, an accumulation of SERIOUS TRAFFIC OFFENSES or for other specific violations, i.e. violations of railroad-highway grade crossings.

**Q: What is a major offense?**

A: The following chart lists the violations that are defined as major offenses for CDL holders. Most of these violations will result in the disqualification of your commercial driving privilege regardless of the type of vehicle you are driving (CMV and non-CMV). The disqualification period that a major offense carries depends on the offense and the type of vehicle you are driving. Two major offenses result in a lifetime disqualification.

### MAJOR OFFENSES

Federal Description	PA Code Section	Vehicle Type	Length of Disqualification for First Offense
Driving under the influence of alcohol or controlled substance.	3731(i) 3802	CMV or Personal vehicle	1 Year 3 Years with Hazmat
Refusing to submit to chemical testing.	1613 1547	CMV or Personal vehicle	1 Year 3 Years with Hazmat
Leaving the scene of an accident.	3743 3745	CMV or Personal vehicle	1 Year 3 Years with Hazmat
Using a vehicle to commit felony.	Various Crimes Code Offenses	CMV or Personal vehicle	1 Year 3 Years with Hazmat
Using a vehicle in the commission of a felony involving manufacturing, distributing or dispensing a controlled substance.	13a10 13a14 13a19 13a30 13a36	CMV or Personal vehicle	Lifetime
Driving a CMV while the driver's CDL is revoked, suspended, cancelled or disqualified.	1606(c)(1) 1543(a)(b)	CMV Only	1 Year 3 Years with Hazmat
Causing a fatality through the negligent operation of a CMV.	3742 3735 2503 2504	CMV Only	1 Year 3 Years with Hazmat

**Q: What is a serious traffic offense (STO)?**

A: The following chart lists the violations that are defined as serious traffic offenses. If you are convicted of any 2 of these serious traffic offenses within a 3 year period, you will be disqualified from driving a CMV for 60 days. If you are convicted of 3 or more serious traffic offenses within a 3 year period, you will be disqualified from driving a CMV for 120 days. Most of these violations must occur in a CMV to count as a STO. However, there are some exceptions as noted below.

### SERIOUS TRAFFIC OFFENSES

Federal Description	PA Code Section	Vehicle Type
Exceeding maximum speed limit 15 mph or more.	3362 3365(b)	CMV Personal vehicle (only if the violation occurred in a work zone or school)
Hazardous Grades	3365(c)	CMV
Driving recklessly, as defined by state or local law.	3736	CMV or Personal vehicle
Making improper or erratic traffic lane changes.	3304 3305 3306(a)(1) 3306(a)(2) 3306(a)(3) 3307 3309(1) 3309(2) 3309(4)	CMV
Following the vehicle ahead too closely.	3310	CMV
Duty of driver in construction and maintenance areas or on highway safety corridors. (This violation is an STO under PA law)	3326	CMV
Violating state or local law relating to motor vehicle traffic control arising in connection with a fatal accident.	3714(b) All other moving violations	CMV or personal vehicle CMV only
Driving a CMV without obtaining a CDL, driving a CMV without a valid CDL in the driver's possession, driving a CMV without the proper class and/or endorsements.	1606(a)(1) 1606(a)(2) 1606(a)(3) 1501(a)	CMV
Texting while driving a CMV.	1621	CMV
Use of a hand-held mobile telephone while driving a CMV.	1622	CMV

**Q: Are there other violations that will result in a disqualification?**

A: Yes. Railroad-highway grade crossing violations, out-of-service order violations and being determined to constitute an imminent hazard.

**Q: What is the disqualification period for a railroad-highway grade crossing offense?**

A: A conviction of a railroad-highway grade offense will result in the automatic disqualification of your privilege to operate a CMV if the offense occurred while operating a commercial vehicle. The length of the disqualification is 60 days for the 1st offense, 120 days for the 2nd offense withing a 3 year period and 1 year for a 3rd or subsequent offense. The following chart lists the various railroad-highway grade crossing offenses.

### Railroad-Highway Grade Crossing Offenses

Federal Description	PA Code Section	Vehicle Type
The driver is not required to always stop, but fails to slow down and check that tracks are clear of an approaching train.	3342(g)	CMV
The driver is not required to stop, but fails to stop before reaching the crossing, if the tracks are not clear.	3342(g)	CMV
The driver is always required to stop, but fails to stop before driving onto the crossing.	3342(a) 3342(e)	CMV
The driver fails to have sufficient space to drive completely through the crossing without stopping.	3341(b)(2) 3342(b)	CMV
The driver fails to obey a traffic control device or the direction of an enforcement official at the crossing.	3341(a) 3341(b)(1)	CMV
The driver fails to negotiate a crossing because of insufficient undercarriage clearance.	3343(a) 3343(c) 3343(d)	CMV

**Q: What is the disqualification period for violating an out-of-service order?**

A: This is a tiered disqualification period. If a driver is convicted of violating an out-of-service order while transporting non-hazardous materials, 1st offense - 1 year, 2nd or subsequent offense in a ten year period - 3 years. If a driver is transporting hazardous materials or operating a vehicle designed to transport 16 or more passengers, including the driver, 1st offense - 2 years, 2nd or subsequent offense in a ten year period - 5 years.

**Q: What is an imminent hazard?**

A: The Federal definition of an imminent hazard is the existence of a condition that presents a substantial likelihood that death, serious illness, severe personal injury, or a substantial endangerment to health, property, or the environment may occur before the reasonably foreseeable completion date of a formal proceeding begun to lessen the risk of that death, illness, injury or endangerment.

**Q: Who determines an imminent hazard?**

A: The Assistant Administrator or his/her designee from the Federal Motor Carrier Safety Administration (FMCSA).

**Q: What is the length of disqualification imposed if a CDL holder is determined to be an imminent hazard?**

A: The period of disqualification should not exceed 30 days. However, the disqualification remains in effect until PennDOT is notified by the FMCSA Assistant Administrator of his/her designee.

**Q: Can an imminent hazard disqualification be appealed?**

A: Yes. The appeal can be filed with the Assistant Administrator, Adjudications Counsel, Federal Motor Carrier Safety Administration (Room 8217), 400 Seventh Street, SW., Washington, DC 20590.

**Q: Do violations that occur out of state impact my Pennsylvania driving privilege?**

A: Yes. Out-of-state violations are treated as if they occurred in Pennsylvania.

**Q: Does the acceptance of Accelerated Rehabilitive Disposition (ARD) count towards disqualification?**

A: Yes. ARD participation is considered a conviction for sanctioning of CDL holders.

**Q: Will an administrative per se suspension for a DUI arrest in another state affect my PA driving privilege?**

A: Yes. CDL holders that receive an administrative per se suspension will have their commercial driving privilege disqualified.

**Q: Can a disqualified CDL driver operate a non-commercial vehicle?**

A: Yes. If a driver holds a CDL license or permit and is only disqualified from operating a CMV, the person is eligible to apply for a non-commercial driver's license to drive a non-commercial motor vehicle during the disqualification. An application to apply for a non-commercial license will be enclosed with the disqualification notice.

**Q: How do I get my CDL privilege restored?**

A: In addition to serving the time required to the disqualification, you will have to pay a restoration fee to PennDOT before your CDL will be returned.

**Q: How can I obtain additional information?**

A: You may write to the following address: PennDOT, P.O. Box 68618, Harrisburg, PA 17106-8618 or

call Monday through Friday during the hours of 8:00 a.m. - 5:00 p.m., Eastern Time

in state 1-800-932-4600 TDD: 1-800-228-0676

out of state 1-717-412-5300 TDD: 1-717-412-5380

**COMMERCIAL MOTOR VEHICLE  
DRIVER ACCIDENT LOG**

**Today's Date:** \_\_\_\_\_

**Driver's Full Name:** \_\_\_\_\_

**Driver License #:** \_\_\_\_\_

Federal regulations at *49 CFR 390.15(b)* require all employers to maintain at least the following information regarding any accident (as defined below) of this driver for three years, as well as all other accident reports required by State or other governmental entities or insurers.

The regulations at *49 CFR 390.5* define an "accident" as "an occurrence involving a commercial motor vehicle operating on a highway in interstate or intrastate commerce which results in: (i) A fatality; (ii) Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or (iii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle."

The term accident does not include: (i) an occurrence involving only boarding and alighting from a stationary motor vehicle; or (ii) an occurrence involving only the loading or unloading of cargo.

**Date of accident:** \_\_\_\_\_

**Municipality and state in which accident occurred:** \_\_\_\_\_

**Number of people injured:** \_\_\_\_\_

**Number of fatalities:** \_\_\_\_\_

Were hazardous materials, other than fuel spilled from the fuel tanks of motor vehicles involved in the accident, released? If "yes", identify such materials here: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER'S NOTICE OF  
CDL DRIVER'S CONVICTION**

**Today's Date:** \_\_\_\_\_

**Driver's Full Name:** \_\_\_\_\_

**Driver License #:** \_\_\_\_\_

Federal regulations at 49 CFR 383.31 require employees who have a CDL and operate commercial motor vehicles to notify their current employer(s) and the state(s) which issued the license of any conviction for violating, in any type of motor vehicle, a motor vehicle law (except parking). The notification must be made (using this form) within 30 days of the date of that conviction.

**Date of conviction:** \_\_\_\_\_

**Location of offense:** \_\_\_\_\_

**Identification of the specific laws violated for which I was convicted:**

\_\_\_\_\_  
\_\_\_\_\_

**List any suspension, revocation, or cancellation of driving privileges resulting from such conviction(s);**

\_\_\_\_\_

These violations did ( ) / did not ( ) occur while I was driving a commercial motor vehicle.

I certify by signing below that this is a true and complete  
account of the events regarding this conviction.

\_\_\_\_\_  
Driver's Signature