

Public Burden Statement

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Flexible Sleeper Berth - Online Driver Application

Thank you for your interest in the Flexible Sleeper Berth Pilot Program. In order to determine your eligibility for the research study, please complete the following form. Your company must give permission for their drivers to participate. As such, we require information concerning your current company and team leader. We will review your application and contact you by phone or email to discuss your eligibility and potential study participation. Recruitment will be based on eligibility, company permission, geographic location, and meeting the study quotas for various driver types.

Name (first, middle initial, last): _____

Telephone (home, cell): _____

Preferred time of day to be called: _____

Email address: _____

Medical Examiner's Certificate (MEC) expiration date: mm / dd / yyyy

Do you have a valid Commercial Driver's License? Yes No

Name of current company (or owner operator)? _____

Who is your supervisor? _____

What is your supervisor's phone number? _____

Do you typically operate: Solo In a team or couple Slip seat

Is your commercial vehicle: Company-owned Privately owned

Do you operate a vehicle with a GVWR of at least 10,001 lbs? Yes No

DOT Number (on the door of your vehicle): _____

Where is your home terminal? _____

In what regions/states of the United States do you drive? _____

Do you drive outside of the United States? Yes No

Is your truck equipped with a sleeper berth? Yes No

If you marked 'Yes':

Does your sleeper berth meet the size, bedding, and other FMCSA requirements (found in 49 CFR part 393.76—Sleeper berths)? Yes No

Do you regularly use your sleeper berth under the HOS sleeper berth provision (found in 49 CFR part 395—Hours of Service of Drivers)? Yes No

Truck type: Single sleeper berth Double sleeper berth

How do you currently log your duty and driving hours?

Paper log Electronic log

If you marked 'Electronic log', which of the following systems do you use?

Omnitrac PeopleNet
 Rand McNally JJ Keller
 BigRoad Other: _____

Do you typically operate the same tractor each day? Yes No

Please provide the following information concerning your tractor:

Make: _____

Model: _____

Year: _____

VIN: _____

Which of the following active safety systems are currently in place in your vehicle? *Check all that apply* [CM: Collision Mitigation; FCW: Forward Collision Warning; LDW: Lane Departure Warning]

- Meritor Wabco OnGuard (CM, FCW)
- Meritor Wabco OnLane (LDW)
- Mobileye C2-270 (FCW, LDW)
- Bendix Wingman ACB (FCW)
- Bendix Wingman Advanced (CM, FCW)
- Bendix Wingman Fusion (CM, FCW, LDW)
- Detroit Assurance (CM, FCW)
- Detroit Assurance (LDW)
- Other CM, specify: _____
- Other FCW, specify: _____
- Other LDW, specify: _____

Thank you for your interest in the Flexible Sleeper Berth Pilot Program!

To complete your application, select 'Submit' below.

We will review your application and contact you by phone or email to discuss your eligibility and potential study participation.