

## Online Driver Application

Thank you for your interest in the Evaluation of the North American Fatigue Management 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. 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)? \_\_\_\_\_

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

Public reporting burden of this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

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 regulation 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

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

Please provide the following information concerning your tractor:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Thank you for your interest!

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.