

Calendar Year Covered by this Report: _____

Form DOT F 1385 (Rev. 5/2008)

Company Name: _____

Doing Business As (DBA) Name (if applicable): _____

Address: _____ E-mail: _____

Name of Certifying Official: _____ Signature: _____

Telephone: (____)_____ Date Certified: _____

Prepared by (if different): _____ Telephone: (____) _____

C/TPA Name and Telephone (if applicable): _____ (____)_____

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMCSA – Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt (Circle One) YES or NO

FAA – Aviation: Certificate # (if applicable): _____ Plan / Registration # (if applicable): _____

PHMSA – Pipeline: (Check) Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

FRA – Railroad: Total Number of observed/documentated Part 219 “Rule G” Observations for covered employees:

USCG – Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

FTA – Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

(B) Enter Total Number of Employee Categories:

(C)	Employee Category	Total Number of Employees in this Category

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

[illegible]

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