

SKILL PERFORMANCE EVALUATION (SPE) CERTIFICATE APPLICATION



Use this form to apply for or renew a medical certificate waiver.

**IDENTIFICATION OF THE APPLICANT
(COMPLETE THIS SECTION FOR BOTH THE SPE APPLICATION AND THE SPE RENEWAL)**

Driver Name: _____ Motor Carrier/Co-Applicant: _____
 Address: _____

 U.S. DOT Motor Carrier ID#: _____
 Description of driver applicant's limb impairment for which SPE certificate is requested: _____

If renewing the SPE certificate skip to the "Renewal Information" section.

DESCRIPTION OF THE TYPE OF OPERATION THE DRIVER WILL BE EMPLOYED TO PERFORM

State(s) in which the driver will operate for the Motor Carrier (if more than 10 States, designate general geographic area only): _____
 Average time per day the driver will spend driving: _____ On Duty: _____
 Type of Commodities/Cargo transported: _____
 Type of Driver Operation: (i.e. sleeper-team, relay, owner operator): _____
 Number of years experience operating the type of commercial motor vehicle(s) requested in the letter of application and total years of experience operating all types of commercial motor vehicles: _____

DESCRIPTION OF THE COMMERCIAL MOTOR VEHICLE(S) THE DRIVER APPLICANT INTENDS TO DRIVE

Make, model, and year of truck, truck tractor, or bus: _____
 Transmission type: Automatic Manual: Number of Speeds: _____
 Auxiliary transmission: Yes No: Number of Speeds: _____ Steering: Manual Power Assisted
 Rear Axle: Single Speed 2-Speed 3-Speed _____ Type of Braking System: _____
 Type of Trailer(s): (i.e. van, flatbed, cargo tank, drop frame, lowboy, or pole): _____
 Number of semitrailers or full trailers to be towed at one time: _____
 Seating capacity of commercial motor vehicles designed to transport passengers: _____
 Describe modification(s) made to the commercial motor vehicle for the driver applicant (attach photograph(s) if applicable): _____

I certify that the above named driver applicant is otherwise qualified under the regulations of 49 CFR part 391.49

Driver's Name (please print): _____ Driver's Signature: _____ Date: _____
 Motor carrier officer's name: _____ Signature: _____
 Title: _____ Date: _____

RENEWAL INFORMATION

Effective Date of Current SPE Certificate: _____ Expiration Date of Current SPE Certificate: _____
 Total miles driven under current SPE Certificate: _____ Number of accidents incurred: _____
 Information regarding the accidents incurred while driving under current SPE certificate (if more space is required, add additional page)

Date	No. of Fatalities	No. of Injuries	Amt. of Property Damage (\$)	Details

 Check here if no accidents occurred while under current SPE certificate.

Driver's Name (please print): _____ Driver's Signature: _____ Date: _____
 Motor carrier officer's name: _____ Signature: _____
 Title: _____ Date: _____

DQF 13 - SPE CERTIFICATE APPLICATION

Retain certificate upon receipt for 3 years and for 3 years after employment is terminated

SKILL PERFORMANCE EVALUATION (SPE) CERTIFICATE APPLICATION

INSTRUCTIONS FOR SPE CERTIFICATE APPLICATION

The SPE application must be addressed to the applicable field service center, FMCSA, for the State in which the co-applicant motor carrier's principal place of business is located (or for drivers who are submitting the application unilaterally, the State in which the driver has legal residence). The addresses of the FMCSA field service centers and the States they service are listed in 49 CFR part 390.27.

This letter of application for an SPE certificate must be accompanied by the following items:

1. A copy of the results of the medical examination performed
2. A copy of the completed medical certificate
3. A medical evaluation summary completed by either a board qualified/certified physiatrist or orthopedic surgeon
4. A description of the prosthetic or orthotic device worn by the driver applicant, if any
5. A copy of the results of the driver's Road Test and subsequent Road Test Certificate
6. A copy of the drivers Application for Employment
7. A copy of the driver applicant's SPE certificate of certain physical defects issued by the individual State(s), where applicable
8. A copy of the driver applicant's State Motor Vehicle Driving Record for the past three years from each State in which a motor vehicle driver's license or permit has been obtained

A motor carrier that employs a driver with an SPE certificate agrees to:

1. File within 30 days such documents and information as may be required by the Medical Program Specialist, FMCSA service center regarding driving activities, etc. which involve the driver applicant
2. Evaluate the driver with a road test using the trailer the motor carrier intends the driver to transport, or accept a certificate of trailer road test/SPE if the trailer driven to obtain these documents is of a similar type to the one that will be driven.
3. Evaluate the driver for those nondriving safety related job tasks associated with whatever type of trailer(s) will be used and any other nondriving safety related or job related tasks unique to the operations of the employing motor carrier.
4. Use the driver to operate the type of commercial motor vehicle defined in the SPE certificate only when the driver is in compliance with the conditions and limitations of the SPE certificate.

INSTRUCTIONS FOR SPE CERTIFICATE RENEWAL

The SPE certificate renewal application shall be submitted to the Medical Program Specialist, FMCSA service center, for the State in which the driver has legal residence if the SPE certificate was issued unilaterally. If the SPE certificate has a co-applicant, then the renewal application is submitted to the medical Program Specialist, FMCSA field service center, for the State in which the co-applicant motor carrier's principal place of business is located.

The SPE certificate renewal application must be accompanied by the following items:

1. A current medical examination report
2. A medical evaluation summary if an unstable medical condition exists (all handicapped conditions classified under 49CFR 391.41(b)(1) are considered unstable)
3. A copy of the driver's current State motor vehicle driving record for the time the current SPE certificate has been in effect
4. Notification of any change in the type of tractor the driver will operate

The Regional Director of Motor Carriers may require the driver applicant to demonstrate an ability to safely operate the commercial motor vehicle(s) the driver intends to drive to an agent of the Regional Director of Motor Carriers. The SPE certificate form will identify the power unit (bus, truck, truck-tractor) for which the SPE certificate has been granted. The SPE certificate forms will also identify the trailer type used in the Skill Performance Evaluation; however, the SPE certificate is not limited to that specific trailer type. A driver may use the SPE certificate with other trailer types if a successful trailer road test is completed.

Upon granting a SPE certificate, the Regional Director of Motor Carriers will notify the driver applicant and motor carrier by letter. The terms, conditions, and limitations of the SPE certificate will be set forth. A motor carrier shall maintain a copy of the SPE certificate in its driver qualification file. A copy of the SPE certificate shall be retained in the motor carrier's file for a period of three years after the driver's employment is terminated. The driver applicant shall have the SPE certificate (or a legible copy) in his/her possession whenever on duty.

The Regional Director of Motor Carriers may revoke a SPE certificate after the person to whom it was issued is given notice of the proposed revocation and has been allowed a reasonable opportunity to appeal.

Falsifying information in the letter of application, the renewal application, or falsifying information required by this section by either the applicant or motor carrier is prohibited.