

# DRIVER SELECTION, TRAINING, TESTING, & LICENSING



HANDBOOK EL-827  
FEBRUARY 1989



**U.S. Postal Service  
Washington, DC 20260**

Handbook EL-827  
Driver Selection, Training, Testing, and Licensing

Transmittal Letter 2  
February 1989

**A. Explanation**

This issuance of Handbook EL-827 has been revised and updated to incorporate new language from the National Agreements, provisions of the Commercial Motor Vehicle Safety Act, and suggested changes from the field. This handbook contains policies, procedures, and responsibilities for the proper selection, testing, and training of postal drivers and candidates for positions that require driving duties.

Managers and supervisors who are responsible for the administration or supervision of driver selection, testing, and training must review this handbook and ensure that the policies and procedures contained in it are followed.

**B. Distribution**

1. **Initial.** This handbook is being distributed directly to headquarters, headquarters administrative supporting units, and personnel responsible for driver selection, training, testing, and licensing, and program administration functions at regions, divisions, management sectional centers, bulk mail centers, and CAG A-D post offices.
2. **Additional Copies.** Additional copies of this handbook are available by ordering from your materiel distribution center. Use Form 7380, *Supply Center Requisition*. No additional copies are available from headquarters.
3. **On-Line Availability.** The composition and graphics for this document were electronically produced using the USPS SPECTRUM database publishing system. The text is available to USPS users through the SPECTRUM database which is resident at NISSC. To obtain information on accessing this system, contact the Customer Support Branch at NISSC (PEN 8785001).

**C. Comments and Questions**

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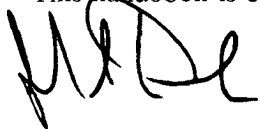
General Manager, Safety Management Division  
Office of Safety and Health  
USPS Headquarters  
Washington, DC 20260-4231

**D. Rescissions**

This handbook rescinds the previous issue of Handbook EL-827 issued February 1987

**E. Effective Date**

This handbook is effective upon receipt.



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Assistant Postmaster General  
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## Chapter 1 Introduction

### 110 Purpose

The proper selection, training, testing, and licensing of drivers is of paramount importance in the reduction and prevention of motor vehicle accidents. Therefore, the purpose of this handbook is to establish policy and provide guidelines that will ensure that postal employees utilized as drivers are optimally qualified and trained to support the operational effectiveness of the Postal Service.

### 120 Definitions

For the purposes of the driver selection, training, testing, and licensing program, the following definitions apply.

a. *At-Fault Accident.* An accident in which the operator's actions, or lack thereof, were the primary or equally contributory cause of the accident, or in which the operator received a citation or fine, or otherwise received adverse judgment.

b. *Collateral Duty Driver Instructor.* A postal employee who assumes collateral duties of a driver instructor/examiner in an installation without an authorized position and who is certified to administer the Postal Service initial road test and to teach other postal employees to drive vehicles used in postal operations.

c. *Commercial Motor Vehicle.* A motor vehicle used in commerce to transport passengers or property

(1) If the vehicle has a gross vehicle weight rating of 26,001 or more pounds; or

(2) If the vehicle is designed to transport more than 15 passengers including the driver; or

(3) Any vehicle, regardless of weight, which transports hazardous materials in quantities which would require the vehicle to be placarded under the Hazardous Materials Transportation Act

d. *Designated Division Driver Instructor/Examiner.* A driver instructor/examiner who has been designated by the Field Director, Human Resources, to conduct the Road Test Ex-

aminer Course No. 43560-00 for road test examiner candidates. There should be a minimum of at least one designated division driver instructor/examiner per division.

e. *Designated Regional Driver Instructor/Examiner.* A driver instructor/examiner who has been designated by the Regional Employee Relations Program Analyst, Principal, Human Resources, to conduct the Driver Instructor/Examiner Training Program No. 43506-00 for newly assigned driver instructors/examiners and collateral-duty driver instructor/examiners. There should be a minimum of at least two designated regional driver instructors/examiners per region.

f. *Driver Instructor/Examiner.* A postal employee who is certified to administer the Postal Service's initial road test and to teach other postal employees to drive vehicles used in postal operations. This is a full-time authorized position.

g. *Driving Abstract.* A driving record maintained by State motor vehicle agencies that lists the traffic convictions, suspensions, revocations, accident involvement, and/or restrictions of an individual licensed to operate a motor vehicle within that State.

h. *End-of-Training Tests.* Two tests administered after initial driver training, Postal Driver Orientation Course No. 43502-00, that measure the trainee's retention of subject matter presented in the classroom and the trainee's ability to operate safely and skillfully each type of vehicle that may be required in the performance of the job. TD-287C, Part I, Classroom Orientation, is a written test. TD-287D, Part II, Vehicle Operation, is a driving performance test.

i. *Improvement Driving Training.* Training provided to improve specific driving practices of a driver after a preventable vehicle accident or when a serious unsafe driving practice is observed (i.e., a driving practice that could have resulted directly in an accident, such as running a stop sign or red light, failing to yield to pedestrians in a crosswalk, failing to yield to oncoming traffic in an intersection, etc.).

*j. Incidental Driver.* Postal employees (bargaining- or nonbargaining-unit), including postmasters, postmaster reliefs, field directors, managers, supervisors, and other administrative/technical/clerical employees who do not have positions that normally require regular driving, where such driving is incidental to their duties, and who operate only their personal or administrative passenger vehicles. The term "incidental driver" specifically **excludes** rural carrier reliefs and other employees who routinely drive.

*k. Initial Driver Training.* Training provided to all new drivers (including rural carriers, rural carrier reliefs, and other nondriving employees being assigned to or bidding for a position with driving responsibilities) before being issued an OF-346. Training, includes classroom sessions, vehicle familiarization, controlled driving instruction and practice, and certification.

*l. Initial Road Test.* A driving test administered to all applicants (and current nondriving employees) for positions that require the operation of any motor vehicle as part of their duties. This does not include incidental drivers.

*m. Initial Road Test Checklist.* A restricted Form 5932 that is used to administer the Postal Service's initial road test.

*n. Licensing Official.* A supervisory employee who is responsible for the issuance of and record-keeping functions associated with an OF-346. The licensing official is generally the Division Manager, Training or designee.

*o. Nonpreventable Accident.* A motor vehicle accident in which the postal driver did everything reasonable that could have been done to prevent the accident under the National Safety Council's Safe Driver Award Rules. This determination is used only for the purposes of determining eligibility in the National Safety Council's Safe Driver Award Program and is not to be used in any other context.

*p. Not-at-Fault Accident.* A motor vehicle accident in which the postal driver's actions were not the primary or equally contributory cause of the accident.

*q. NTAC.* An acronym for the National Test Administration Center, which is responsible for providing, securing, and scoring Postal Service examinations and national testing materials.

*r. PEDC.* An acronym for the Postal Employee Development Center, which is responsible for the training, testing, and development of postal employees.

*s. Potential Driving Employee.* Any current nondriving postal employee who seeks, through promotion or reassignment, a position that requires driving as part of the official duties.

*t. Preventable Accident.* A motor vehicle accident in which the postal driver failed to do everything that could reasonably have been done to prevent the accident under the National Safety Council's Safe Driver Award Rules. This determination is **used** only for the purposes of determining eligibility in the National Safety Council's Safe Driver Award Program and is not to be used in any other context.

*u. Refresher Driver Training.* Training provided (on a regular basis or at the time of the OF-346 license renewal) to postal drivers in order to assist them in maintaining their professional driving skills, or to offset specific local motor vehicle accident problems.

*v. Restricted Information.* Information that has limitations placed upon its access within, and its disclosure outside, the Postal Service.

*w. Revocation.* The termination of a postal employee's driving privileges.

*x. Road Test Examiner.* A postal employee who has been designated and issued a title of certification to administer the Postal Service's initial road test. There is no authorized full time road test examiner. It is a collateral duty responsibility performed by employees in a number of different positions.

*y. Road Test Schematic.* A restricted map of the route(s) on which the initial road test is administered.

*z. Satellite PEDC.* A training, testing, and development center authorized by the Division Manager, Training, to service postal employees who are not located within close proximity to the main PEDC.

*aa. OF-346, United States Government Motor Vehicle Operator's Identification Card.* A driving license that specifies the type(s) of vehicle(s) on which an employee has been trained and certified, and that authorizes the employee to drive that type of vehicle in the course of conducting official postal business.

*bb. Suspension.* The temporary withdrawal (with specified dates) of a postal employee's driving privileges.

*cc. Table of Disqualifications.* A Postal Service selection document specifying the types and numbers of driving-related offenses that disqualify both an application for consideration as a postal driver and a potential driving employee.

*dd. TD-287.* See 120H, End-of-Training Tests.

*ee. TD-289.* A restricted training program used in the testing and certification of road test examiner candidates, also referred to as Road Test Examiner Course No. 43560-00.

### 130 Program Administration

#### 131 Employee Relations Program Analyst, Principal, Human Resources

*a.* Monitors the administrative effectiveness of all driver selection, testing, and training programs and procedures for the region.

*b.* Selects personnel to administer training program Driver Instructor/Examiner Training Program No. 43506-00.

*c.* Ensures that selected personnel are certified as trainers.

#### 132 Field Director, Human Resources

The Field Director, Human Resources, manages and provides functional guidance on all driver selection, testing, and training programs and functions within the division.

### 133 Division Manager, Personnel Services (Supervisor, Employment Services) and MSC Manager, Employee Relations

**133.1** Manages and ensures compliance with the provisions of:

- a. State driving abstracts;*
- b. Form 2480, Driving History; and*
- c. Table of Disqualifications.*

**133.2** Manages and ensures that responsibility for monitoring divisionwide compliance with medical and vision tests is assigned and exercised by appropriate personnel.

### 134 Division Manager, Training and MSC Supervisor, Training:

*a.* Effectively administer the initial road test examination program, the driver training program, and the driver licensing program within the PEDC service area.

*b.* Identify and authorize, where necessary, satellite PEDC locations when initial road tests and driver training programs cannot be administered in one central location.

*c.* Provide functional and administrative guidance to all RTEs, DIES, and collateral duty driver instructors, ensuring that such personnel receive proper training certification.

*d.* Ensure that all driver training records and related activities (including the administration of the Safe Driver Award Program and maintenance of Form 4582, *Operator's Record*) are maintained in the PEDC or, when authorized, in satellite PEDCs or associate offices.

## Chapter 2

### Driver Selection

#### 210 Introduction

#### 211 Importance of Proper Selection

The careful selection of applicants who will be used as postal vehicle operators is an important element of motor vehicle accident prevention. It is the policy of the U.S. Postal Service to select for driving positions only those applicants who have demonstrated a potential for safe driving practices. Careful adherence to this policy will enable the Postal Service to select the safest, most capable applicants, thereby reducing the possibility of future accidents. (Exhibits 211a through 211f provide an overview of the various selection procedures used for the different types of applicants.)

#### 212 Forecasting Recruitment Needs

Under these standards, appointing officials will need to screen a larger number of applicants than before. The screening should be initiated when eligible names come within reach on the register, well in advance of hiring. It is critical that recruitment needs be forecast sufficiently in advance and that hiring plans are well coordinated between employee relations managers and operating managers to ensure the timely hiring of qualified persons.

#### 220 Driving Abstracts

#### 221 Requirement

Obtain a State driving abstract for all applicants who are being considered for any position that requires driving as an integral part of the official duties and before granting any postal driving privileges. This requirement also applies to:

- a. Supervisory personnel.
- b. Potential driving employees (See Section 120, definition).

c. Applicants who are seeking employment or requesting a transfer from another federal agency, regardless of whether they have a valid OF-346 issued by that agency.

d. Current employees requesting a transfer/reassignment from another MSC, regardless of whether or not they currently hold a valid Postal Service OF-346 (see 242, exception). This requirement does not apply when the losing MSC and gaining MSC are serviced by the same PEDC.

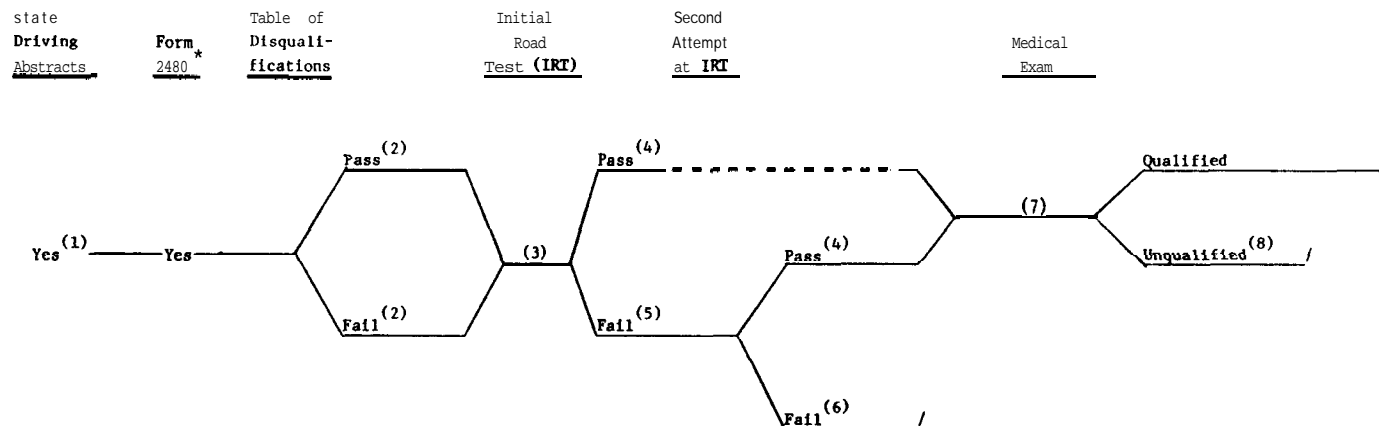
#### 222 Responsibility

Employment office personnel are responsible for ensuring that abstracts are obtained from the State Department of Motor Vehicles and reviewed before considering the applicant for hire, or before considering the potential driving employee for a driving position, and reviewed and on file before the individual is scheduled for the Postal Service initial road test. Driver instructor/examiners and others who administer the initial road test must not have this responsibility since knowledge of an individual's past driving history may adversely affect the impartial administration of the initial road test. Administrators of the initial road test may be called upon to interpret or clarify elements of an abstract when compared to the Table of Disqualifications, but they must not be allowed physical access to abstracts before the administration of the initial road test.

#### 223 How To Obtain Abstracts

Obtain a State driving abstract for all applicants who are being considered for positions that require a Form OF-346, **U.S. Government Motor Vehicle Operator's Identification Card**. Use Account No. 52419, Postal Operations--Fee for Service, to record any fees paid by the Postal Service to obtain the abstracts.

DRIVER SELECTION CHART  
FOR REASSIGNMENTS  
(From one MSC to another)



\* Must be less than 90 days old (Section 233).

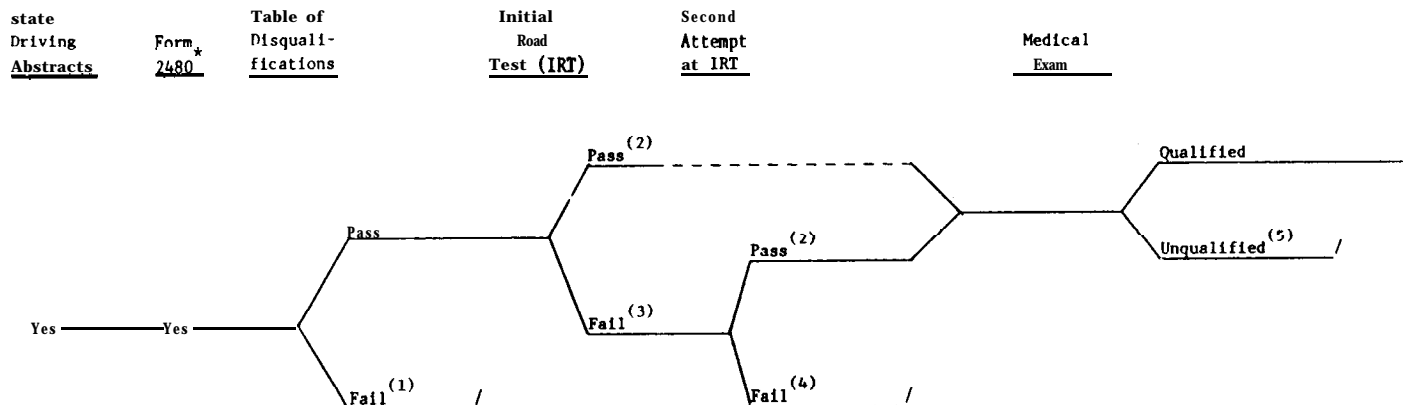
Reassignment (to Driving Positions between MSCs):

- (1) Not required if **gaining** and losing **MSCs are** serviced by same PEDC (Section 221).
- (2) Whether the transfer applicant meets the criteria on the Table of Disqualifications or not, the selecting office must decide if they want to accept the person. There is **no** automatic acceptance or rejection because of the Table of Disqualifications. Review Section 242.
- (3) The IRT is Given only to those who do not currently possess **an** SF-46 (or whose names are not in a Computerized Driver License System). The IRT is **given** by the potentially **losing** office (Section 252.7).
- (4) Successful test scores are valid for 2 years (Section 252.3).
- (5) Not eligible for further consideration for that vacancy. May **not** take the second attspt at-the **IRT until** considered for another vacancy. Minimum interval between attempts: 7 calender days (Section 252.6).
- (6) Not eligible for **a** 6-month period for further consideration to any vacancy **which** requires driving (Section 252.6).
- (7) If employee has had **a** medical examination within the last year, under certain conditions another medical **exam** is not necessary (Section 261.2).
- (8) Review Section 263.2, 263.3. and P-11, Section 327.

Exhibit 211 a

Exhibit 211a, Driver Selection Chart for Reassignments  
(from one MSC/Division to Another)

DRIVER SELECTION CHART  
FOR RURAL CARRIER RELIEFS



\* Must be less than 90 days old (Section 233).

Rural Carrier Reliefs:

- (1) Not eligible for RCR positions (Section 252.5).
- (2) Successful test scores are valid for 2 years (Section 252.3).
- (3) Cannot be given the IRT a second time for the same vacancy. The second attempt can be administered only for another vacancy.  
Minimum interval between attempts: 7 calendar days (Section 252.5).
- (4) Second failure on IRT within the same MSC area means that RCR applicants are ineligible for consideration for RCR positions within the MSC for 2 years from the date the second test was administered (Section 252.5).
- (5) Review Section 263.2, 263.3, and P-11, Section 327.

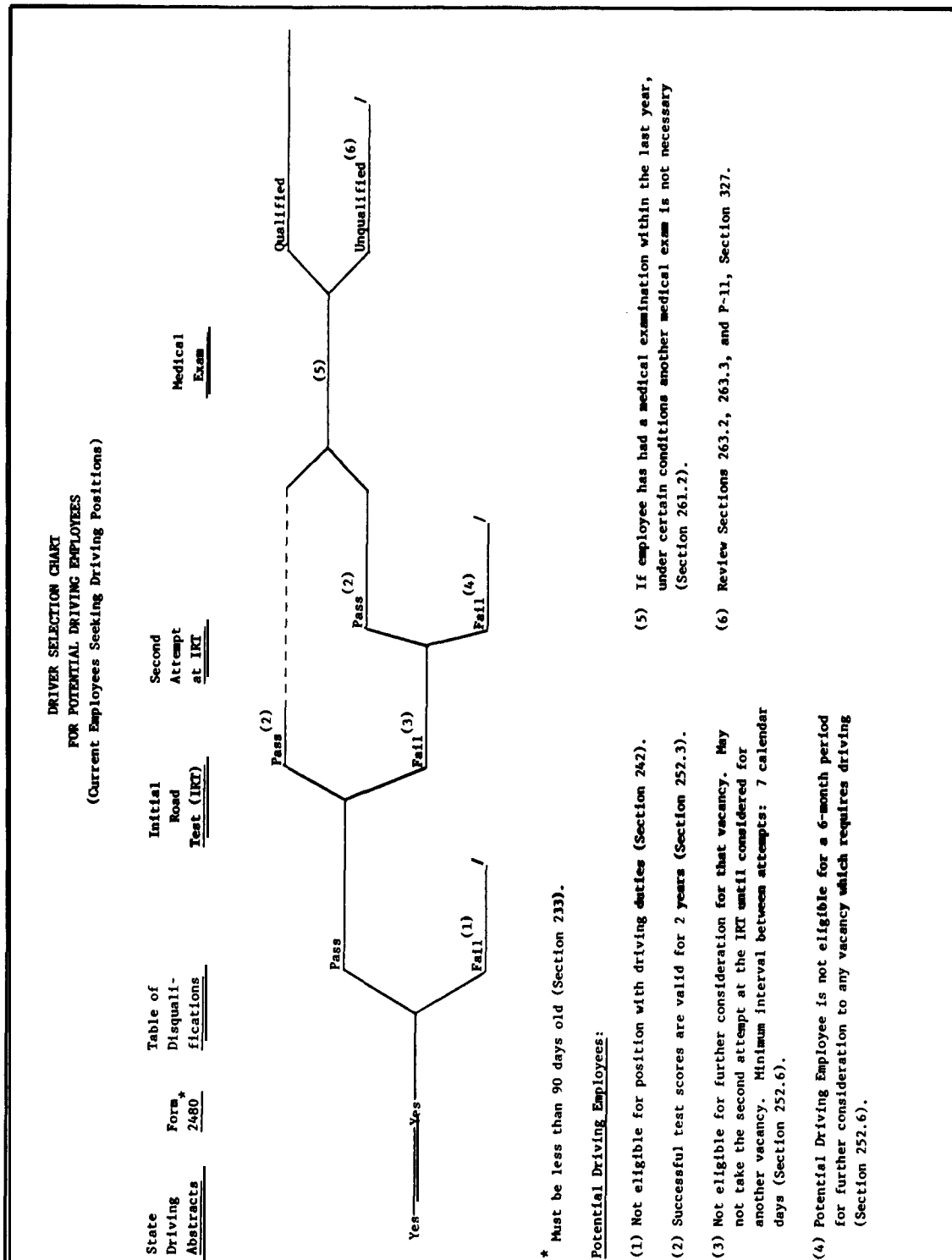


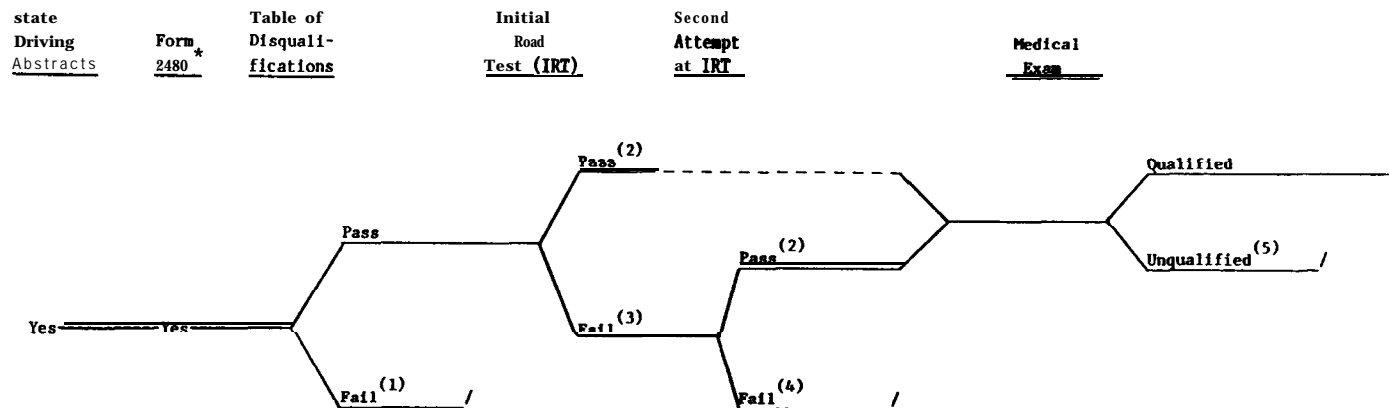
Exhibit 211c

Exhibit 211c, Driver Selection Chart for Potential Driving Employees



Exhibit 211d, Driver Selection Chart for Applicants

DRIVER SELECTION CHART  
FOR APPLICANTS



\* Must be less than 90 days old (Section 233).

Applicants:

- (1) Not eligible for position with driving duties (Section 242).
- (2) Successful test scores are valid for 2 years (Section 252.3)).
- (3) Not eligible for further consideration on that hiring work sheet and must not take the second attempt at the IRT until certified to another hiring work sheet (Section 252.4). Minimum interval between attempts: 7 calendar days.
- (4) Applicant is no longer eligible for consideration for that Job category for which that specific register is used (Section 252.4).
- (5) Review Sections 263.7 and 263.3, and P-11, Section 327.

Exhibit 211d

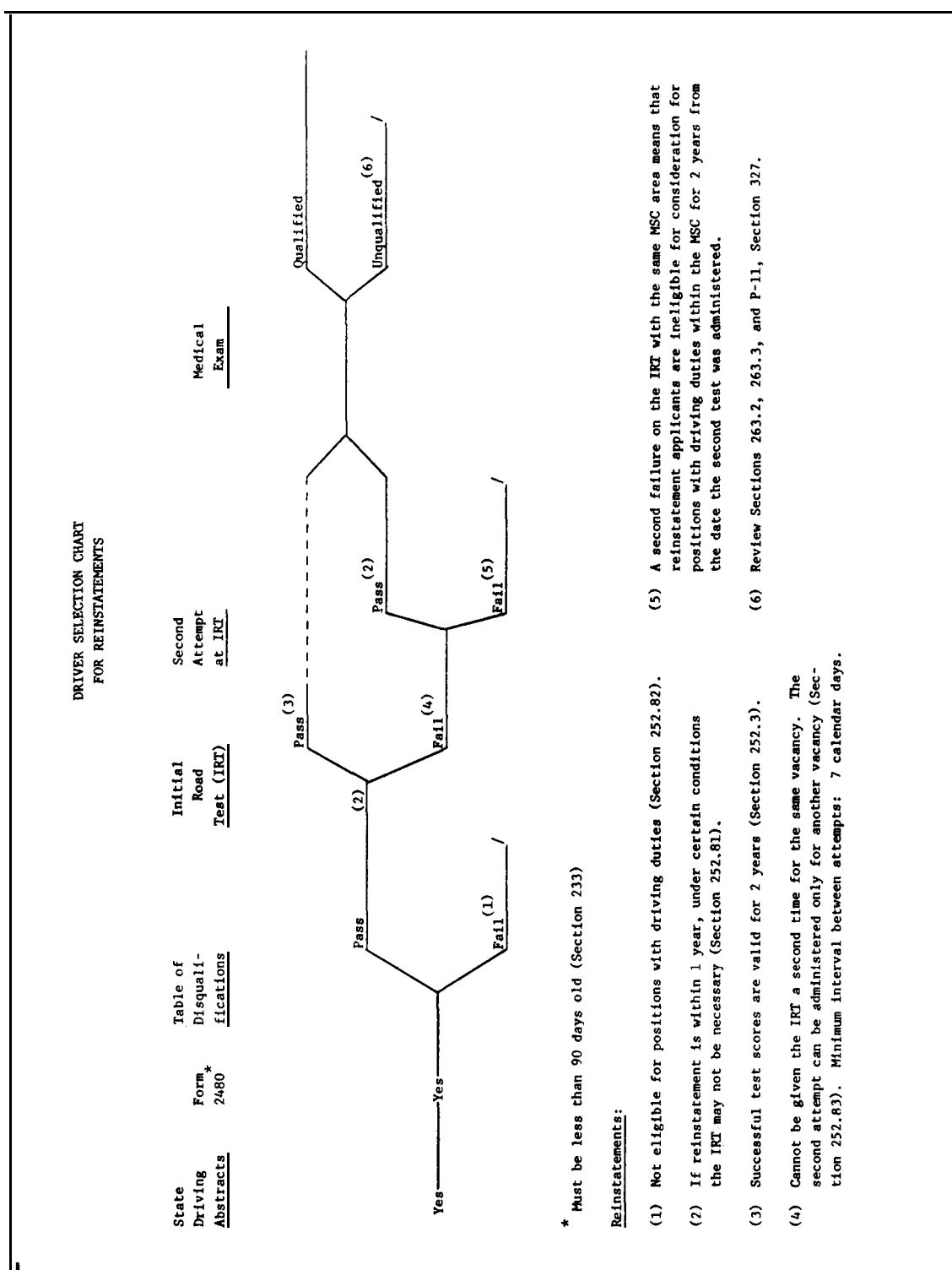


Exhibit 211e

Exhibit 211e, Driver Selection Chart for Reinstatements

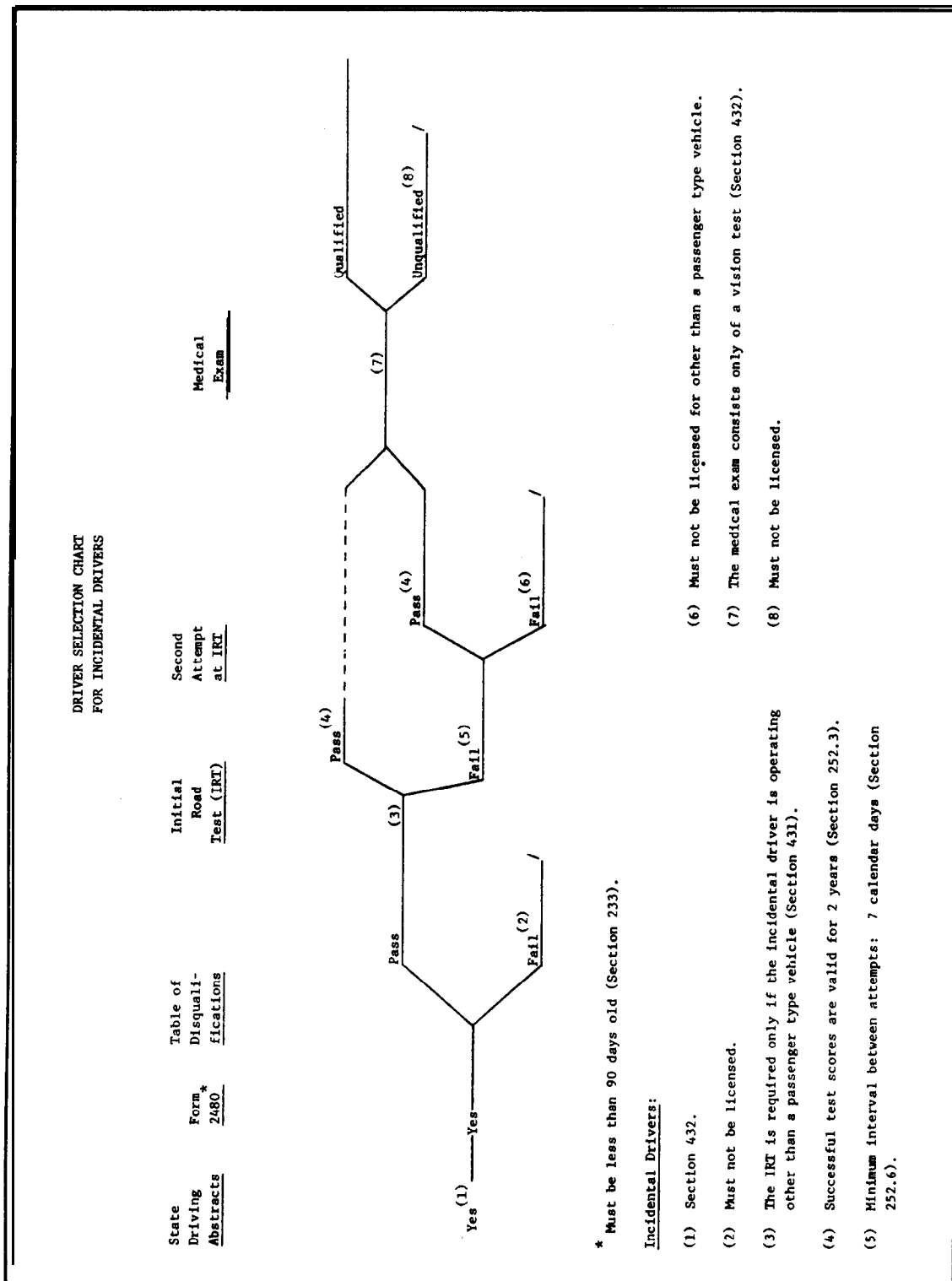


Exhibit 211f, Driver Selection Chart for Incidental Drivers

Exhibit 211f

## 224 Where To Obtain

Appendix A, Where To Obtain Driving Abstracts, contains information on the names and addresses of the appropriate State agencies where State driving abstracts may be obtained. It also lists the fee charged for the service, the information contained in the abstract, and other relevant information.

## 225 Five-Year History

**225.1 More Than One State.** If the employment application shows that the applicant has lived in the current State of residence for less than 5 years, request abstracts from the previous State(s) of residency so that the 5-year history can be documented. Similarly, document a 5-year history for potential driving employees and those requesting reassignment from another MSC.

### 225.2 Exceptions

225.21 When an applicant or employee has been a driver for less than 5 years, or when an applicant or employee has been in the United States for less than 5 years, obtain only the abstracts necessary to document the driving record to date or to document the driving record in this country.

225.22 When States provide only a 3- or 4-year driving history, or charge more than a nominal fee to provide the additional information necessary to establish the 5-year history, the driving abstract that is routinely provided is acceptable for determining eligibility.

225.23 Every State has provisions for the maintenance and renewals of licenses while individuals are in the military. Therefore, abstracts for recently released military personnel normally should be available. Occasionally, however, requests for the abstracts of such individuals will be returned showing no history or activity. In such cases, use the information provided by the individual on Form 2480, *Driving Record*, to consider eligibility. Alternatively, request that the individual provide a copy of his military driving record.

## 226 Abstract Codes-Interpretation

If difficulties are experienced in interpreting information contained in the driving abstract, contact the State agency that provided the abstract for clarification. In the case of out-of-State abstracts, it may be helpful to contact a Postal Service employment office in that State for assistance in deciphering the information.

## 227 Updated Abstracts

If the State driving abstract is more than 90 days old at the time of offer of employment or approval of reassignment or transfer, an updated abstract must be obtained.

## 230 Driving Record (Form 2480)

### 231 Requirement

Individuals for whom a State driving abstract must be obtained, as specified in 221, must complete Form 2480, *Driving Record* (see Exhibit 231).

## 232 Review of Record

**232.1 Responsibility.** The appointing official or designee, as appropriate, must review the State driving abstract and Form 2480 to ensure that both documents reflect similar driving history.

### 232.2 Resolving Discrepancies

**232.21** Minor discrepancies between the forms do not indicate an intent to falsify documents; slight differences (e.g., dates) are to be expected. The reviewer, by using judgment, usually can resolve the differences without contacting the individual to bring the small discrepancies into exact agreement. If the documents differ significantly, hold a discussion with the individual to determine the reason for the discrepancy and to verify dates, supply missing information, etc. However, do *not* use these discussions to make interpretations concerning the severity of convictions.

	<b>DRIVING RECORD-For POSITIONS THAT REQUIRE DRIVING</b>
-----------------------------------------------------------------------------------	----------------------------------------------------------

Fill In The Blanks Below. You May Have Someone Help You Complete This Form.

1. Title of the Position You Are Applying For		2. Today's Date
3a. Your Name (First, Middle, Last)	3b. Social Security Number	4. Birth Date (Mo., Day, Yr.)
5. Address (Number and Street, or PO Number, City, State, & ZIP Code)		

Do You Have A Valid Driver's Permit or License? ☐ Yes (Complete Items 6a, b & c) ☐ No (Complete Item 7)

6a. Driver's Permit or License No.	6b. State In Which It Was Issued	6c. Date It Expires
7. If You Don't Have A Driver's Permit or License, Give Reason Here		
8. Have You Operated A Motor Vehicle Within The Last Five Years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List All States Where You Were Issued A Driver's Permit Or License: _____		
9. Have You Been Found Guilty For Violating A Driving Law Within The Last 5 Years? (Do Not Include Parking Violations) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Charge (Speeding, Reckless Driving, Etc.)	Date (Month, Year)	Place (City or Town & State)	Law Enforcing Authority (City Police, State Police, Etc.)	Action Taken (Fined, Forfeited Collateral, Etc.)	Was Permit Revoked or Suspended? (Show Which Using R or S. Give Period of Suspension.)

**PRIVACY ACT:** "The collection of this information is authorized by 39 USC, 401 and 1001. This information will be used to select applicants from Register for vacancy. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecution proceedings, to a congressional office at your request, to OMB for review of Private relief legislation, to a labor organization as required by the NLRA, to the Office of Personnel Management when investigating an EEO complaint, and where pertinent, in a legal proceeding to which the Postal Service is a party. The completion of this form is voluntary, however, if this information is not provided, you may not receive full consideration for a position."

Complete Blanks On The Reverse. Be Sure to Sign Your Name.

PS Form 2480, May 1984

Exhibit 231 (p. 1), Form 2480, Driving Record

9. Describe Any Motor Vehicle Accidents You Have Had Within The Last 5 Years In Which You Were The Driver In The Spaces Below. Use An Extra Sheet To Describe Any Accident(s) You Have Had Within The Last 5 Years In Excess Of 3.

## Accident No. 1

Place (City or Town, State)		Date of Accident
Describe How The Accident Happened		
Amount Of Damage To Your Vehicle \$	Amount Of Damage To Other Party's Vehicle \$	Did You Or Your Insurance Company Make Payment To The Other Party?
Was Anyone Killed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were You Judged At Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
Give The Name Of The Court Or Other Legal Body That Made The Judgment		

## Accident No. 2

Place (City or Town, State)		Date of Accident
Describe How The Accident Happened		
Amount Of Damage To Your Vehicle \$	Amount Of Damage To Other Party's Vehicle \$	Did You Or Your Insurance Company Make Payment To The Other Party?
Was Anyone Killed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were You Judged At Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
Give The Name Of The Court Or Other Legal Body That Made The Judgment		

## Accident No. 3

Place (City or Town, State)		Date of Accident
Describe How The Accident Happened		
Amount Of Damage To Your Vehicle \$	Amount Of Damage To Other Party's Vehicle \$	Did You Or Your Insurance Company Make Payment To The Other Party?
Was Anyone Killed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were You Judged At Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
Give The Name Of The Court Or Other Legal Body That Made The Judgment		

Certify That All Of The Statements Made In This Application Are True, Complete, And Correct To The Best Of My Knowledge And Belief, And Are Made In Good Faith.

Signature of Applicant	Date
------------------------	------

232.22 If the individual believes that a State driving abstract is inaccurate, it is the responsibility of the individual to provide satisfactory evidence of its inaccuracy. Such evidence includes, but is not limited to, a new State abstract or letter of explanation on appropriate State agency letterhead. When discrepancies are not satisfactorily resolved, the more stringent of the two documents must be used for purposes of comparison with the Table of Disqualifications.

### 233 Updated Form 2480

If the Form 2480 is more than 90 days old at the time of offer of employment, award of bid, or approval of reassignment or transfer, instruct the applicant or potential driving employee to update this form.

### 234 Where Maintained

The completed Form 2480 is to be maintained in the individual's Form 4582, once this file is established. If an applicant is not hired, file Form 2480 with the individual's other application forms.

### 240 Table of Disqualifications

#### 241 Purpose

The Table of Disqualifications (Exhibit 241) is a document that identifies and describes the types and numbers of driving-related factors that disqualify an individual for further consideration to a position requiring driving as part of the official duties. As such, it is not to be used in conjunction with postal driving privilege renewals, suspensions, or revocations. The employee's on-duty record only is considered for determination of continued postal driving privileges.

#### A. General Disqualifying Factors:

1. Applicant does not have at least 2 years of documented driving experience.
2. Applicant has had driving permit suspended once (or more) in the last 3 years, OR twice (or more) in the last 5 years.
3. Applicant has had driving permit revoked once (or more) in the last 5 years.

#### B. Specific Disqualifying Violations:

Type of Violation	In Last 3 yrs.	In Last 5 yrs.
1. Reckless driving or other similar offenses (e.g. careless driving)	1 or more	2 or more
2. Any driving offense involving the use of drugs, alcohol, controlled substances, etc.	Any Conviction	
3. All other traffic offenses (but not parking violations)	3 or more (or more than 1 in last 12 months)	* 5 or more
4. At-fault accidents	2 or more; or any at-fault accident resulting in a fatality	
5. Hit-and-run offense	Any conviction	

\* Three convictions for the same offense are disqualifying as they indicate a *pattern* of inadequate responsibility and disregard for law and order which may affect safety.

#### Notes:

For purposes of determining disqualifying violations, consider only offenses followed by a conviction (forfeited bond, jailed, fined, "let off with a warning," ordered to attend traffic school).

For purposes of establishing time frames for disqualification, use the date of the actual violation.

At-fault accident--if fined, sued and received adverse judgment: applicant's insurance company settled for damages to other part or applicant settled out of court, or otherwise determined to be liable.

### Exhibit 241, Table of Disqualifications

## 242 Comparison With Abstract and Driving Record

**242.1 Review.** Review the applicants' State driving abstract and Form 2480 and compare with the disqualifying criteria specified in the Table of Disqualifications. If their driving record indicates that they meet or exceed any of the disqualifying criteria, they will not be eligible for a position with driving duties.

### 242.2 Exception.

When the State driving abstract and Form 2480 of an employee who is requesting a transfer to a different MSC do not meet the criteria specified in the Table of Disqualifications, the employee's request should not automatically be refused. The requirement to obtain these two documents is to assist the appointing official in the receiving office in the review and determination of the transferee's driving abilities. Such review and determination must also include a review of the employee's Form 4582. This form will contain information on the transferee's on-duty driving record including accidents, citations, administrative actions, training, safe driver awards, and observations of driving practices. If he wants to do so, the appointing official may use the local safety manager in this part of the review and determination process.

## 243 Dates of Disqualifying Incidents

If the date(s) of the disqualifying incident(s) is such that the applicant may become qualified during the period of employment eligibility, annotate the register card accordingly. Inform applicants or potential driving employees that they will once again become eligible when the period of disqualification expires. Postal applicants must be instructed that it is their responsibility to initiate action for employment reconsideration by notifying the installation head or designee when the period of disqualification expires.

## 244 Pending Convictions

If applicants or potential driving employees have a pending traffic violation or citation that would disqualify them, inform the individual that no further action can be taken until the charges are resolved. Inform applicants or potential driving employees that it is their responsibility to notify

the installation head or designee if the charges are favorably resolved. Proof of adjudication is required.

## 245 Period of Disqualification

The period of disqualification does not extend the normal term of employment eligibility.

## 246 Disqualification Factors

### 246.1 General Disqualifying Factors

**246.11 Fewer Than 2 Years Experience.** The applicant or potential driving employee does not have at least 2 years of documented driving experience. These 2 years must be continuous, immediately preceding consideration for employment or reassignment, and the driving must have been in the United States, its possessions, territories, or in any U.S. military installation worldwide.

**246.12 License Suspension.** Applicants or potential driving employees have had their State driver's license suspended once or more in the last 3 years, or twice or more in the last 5 years. If a State determines that an offense is serious enough to warrant suspension of the State driver's license for **any** reason, such suspension is disqualifying regardless of its nature. For purposes of establishing timeframes for disqualifications, use the date of the actual violation that precipitated the suspension rather than the beginning or ending date of the suspension. If by using the ending date of the suspension the applicant or potential driving employee does not have 2 years of continuous driving experience immediately before hire as described in 246.11, the individual is not eligible for consideration.

**246.13 License Revocation.** Applicants or potential driving employees have had their State driver's license revoked once or more in the last 5 years. The provisions described in 246.12 with respect to reason for revocation, timeframes, and 2 years of continuous driving apply here also.

### 246.2 Specific Disqualifying Factors

**246.21 Violations.** The applicant or potential driving employee has had one or more violations in the past 3 years or two or more violations in the past 5 years for offenses such as reckless driving, careless driving, negligent driving, and



attempting to elude or evade a police officer. For purposes of disqualification, State driving abstracts usually specify "reckless driving" or "careless driving," etc., as the violation. These specific terms must appear on the abstract. The reviewer is not to make interpretations as to whether an offense, such as excessive speeding, should be considered reckless or careless, even though the reviewer may consider it to be reckless, careless, etc.

**246.22 Substance Abuse Driving Offenses.** The applicant or potential driving employee has had any conviction for a driving offense within the past 5 years involving the **use** of drugs, alcohol, controlled substances, etc. ("Driving offense" refers to a violation where the individual was the driver.) "Use of" implies actual consumption of or under the influence of; therefore, an open container of alcohol in the backseat of a vehicle, for example, does not necessarily constitute use of alcohol, but would be considered under "all other traffic offenses." Note: Some States suspend the driving privileges of persons who are passengers in vehicles when the situation involves the use of alcohol or drugs. In these instances, the individuals are disqualified under the general disqualifying factors of license suspension.

**246.23 Other Traffic Violations.** The applicant or potential driving employee has had more than one violation in the last 12 months, three or more violations in the last 3 years, or five or more violations in the last 5 years for all other traffic offenses, excluding parking violations. "All other traffic offenses" includes, but is not limited to, moving and nonmoving violations such as unlawful speed, unlawful passing, unlawful turns, improper or defective equipment, lack of insurance (only when it is a license-suspending offense), failure to appear in court, etc. Three convictions for the same offense within the past 5 years are disqualifying as they indicate a pattern of inadequate responsibility and disregard for law and order. Violations that are addressed in other categories must be dealt with separately and not added into this category. If an individual receives multiple violations at one time and is later convicted of each, consider each violation as a separate offense.

**246.24 At Fault Accidents.** The applicant or potential driving employee has had two or more at-fault accidents within the past 5 years, or any at-fault accident resulting in a fatality. An at-fault

accident is any accident for which the driver was determined to be liable, i.e., by way of fines, the applicant was sued and received adverse judgment, the applicant's insurance company settled for damages to the other party or they settled out of court, or the applicant was otherwise deemed to be liable.

**246.25 Hit-and-Run Offenses.** The applicant or potential driving employee has had any conviction within the past 5 years for a hit-and-run offense.

**246.3 Determining Disqualifying Violations.** For purposes of determining these disqualifying violations, consider only those offenses that were followed by a conviction. This includes admission of guilt, forfeited bond, jailed, fined, let off with a warning, ordered to attend traffic school, etc.

## **247 Form 5905, Request To Administer Initial Road Test**

Once it is determined (by reviewing both the State driving abstract and the completed Form 2480) that the individual's driving history meets the criteria specified in the Table of Disqualifications, complete Form 5905 and forward it to the appropriate road test examiner or driver/instructor examiner. To ensure that the initial road test is administered in an objective manner, do not attach or send the State driving abstract or completed Form 2480 to the examiner at this time.

## **250 Initial Road Test**

### **251 Purpose**

The initial road test is a systematic way of measuring an individual's ability and skill to drive safely and properly under normal operating conditions. This test is an important part of the overall selection process, and it is also a practical test to determine whether an individual is a skilled and safe driver. The test includes items that have been reported as actual **causes** of accidents and gives special emphasis to the driving deficiencies identified as major **causes** of postal motor vehicle accidents.

## 252 Requirement

**252.1 Administration.** Potential driving employees and all applicants for positions (including rural carriers, rural carrier associates, rural carrier reliefs, and casuals) that require the operation of any motor vehicle as part of their official duties must pass the Postal Service initial road test. This does not include incidental drivers (See 430.). Use Form 5932, *Initial Road Test Checklist*, when administering the test.

**252.2 License Restrictions.** Vision or other medical tests need not be conducted *before* administering the initial road test. Vision is checked and verified during the medical assessment (see 260.). However, examine the individual's State driving license to determine if there are any restrictions. If there are restrictions, ensure that the individual complies with them during the initial road test.

**252.3 Applicants and Potential Driving Employees.** The initial road test is to be administered only to applicants for postal positions and potential driving employees. This road test must not be administered to applicants for positions in other federal agencies since the Postal Service initial road test checklist is different and more stringent than the one used by other agencies. The test is administered to only those applicants and potential driving employees whose driving records are satisfactory as defined by the Table of Disqualifications. Successful test scores are valid for 2 years.

### 252.4 Test Failures

**252.41 Applicants.** An applicant who fails the initial road test is no longer eligible for that vacancy and is not included among those available on the hiring worksheet for consideration. However, the eligible's name remains on the active register for future consideration. Annotate the register card and current hiring worksheet accordingly. The time between the first attempt and the second attempt varies depending upon the hiring activity within the MSC, but in no case should the applicant be allowed to take the second road test within 7 calendar **days** of the first attempt. If the applicant fails the road test a second time, the individual is no longer eligible for consideration for that job category for which that specific register is used. The eligible's name

is removed from the active register for any position that requires driving. Annotate this second failure on the hiring worksheet and the register card.

**252.42 Rural Carrier Reliefs.** Since rural carrier reliefs (RCRs) are not hired from an active register, applicants for these positions are ineligible for consideration for a vacancy if they fail the first road test. These applicants cannot be given the road test a second time for the same vacancy. A second road test can be administered only when an applicant is being considered for another RCR vacancy. The minimum time interval between two road test attempts is 7 calendar days. If an applicant fails the second road test within the same MSC area, that individual is ineligible for consideration for RCR positions within that MSC area for 2 years from the **date** the second road test was administered. (If the applicant's name is reached on a register of eligibles for consideration for other positions that require driving duties, the individual is again given the opportunity to qualify on the initial road test.) These procedures also apply to Rural Carrier Associate (RCA) applicants.

**252.43 Potential Driving Employees.** If potential driving employees fail the initial road test, they are no longer eligible for further consideration for that vacancy; they must wait for the next open position. If potential driving employees fail the initial road test a second time, they are ineligible for a 6-month period for further consideration for any vacancy that requires driving duties. At the end of the 6-month period, they may again seek consideration for positions involving driving responsibilities, again being allowed two attempts before being considered ineligible for another 6-month period. The minimum time interval between the two attempts is 7 calendar days.

**252.5 Transfers.** Current postal employees who are requesting transfers are required to pass the initial road test only if they currently do not possess an OF-346 and the position to which they are seeking a transfer requires driving as part of the official duties. In such cases, the initial road test should be administered by a certified road test examiner in the potential losing office, and the results (an indication of pass or failure only) of the initial road test forwarded to the potential receiving office. Employees requesting transfers who fail the initial road test twice are ineligible

for a 6-month period for consideration for transfer to positions that require driving. At the end of the 6-month period, they may again seek transfers to positions that involve driving responsibilities, again being allowed two attempts before being considered ineligible for another 6-month period. The minimum time interval between the two attempts is 7 calendar days. The number of attempts is monitored by the local road test examiner.

### 252.6 Reinstatements

252.61 Former postal employees selected for reinstatement who held driving positions at the time of separation from the Postal Service will not be required to qualify on the initial road test if they meet the following requirement: reinstatement is within 1 year from the effective date of separation from a position in the Postal Service that required driving (OF-346 issued).

252.62 In all cases, employing offices must obtain State driving abstracts for all applicants who are requesting reinstatement to determine whether they meet the criteria in the Table of Disqualifications. Applicants who do not meet the criteria are not eligible for positions with driving duties.

252.63 Applicants who are requesting reinstatement cannot be given the road test a second time for the same vacancy. The second road test can be administered only when an applicant is being considered for reinstatement to another vacancy. The minimum time interval between the two attempts is 7 calendar days. If an applicant fails the second road test within the same MSC area, that individual is ineligible for consideration for positions with driving duties in that MSC area for 2 years from the date the second road test was administered.

### 253 Restricted Information

253.1 Disclosure of information to the applicant or employee concerning the specific results of an initial road test is prohibited. Applicants or employees must *not* be told how they were scored or what errors they committed. If applicants and employees were given this information, the test contents would soon be common knowledge, and the test would no longer be an accurate or valid measure of a driver's skill or potential to avoid accidents. In addition, since applicants and employees are allowed to take the initial road test

twice, disclosing the results would be the equivalent of coaching. The test would become a measure of the individual's ability to follow instructions or to correct mistakes rather than a measure of pre-established driving ability. For instructions on what applicants may be told, see 254.12.

253.2 The restricted nature of the initial road test is covered by Part 266.9(4) of Title 39, U.S. Code of Federal Regulations, which exempts the release of examination and testing materials under the Privacy Act, as access to this information would compromise the objectivity and fairness of the testing process.

253.3 Part 353 of the *Administrative Support Manual* (ASM) also contains instructions for applying the Privacy Act. Specifically, ASM 353.324 requires that persons not be allowed to review or have copies of information about themselves contained in testing materials that would compromise the testing or examination materials.

253.4 To protect the road test checklist from being compromised, always follow these special precautions:

a. Only examination specialists are authorized to order supplies of Form 5932 from the National Test Administration Center. For procedures to order this form, see Chapter 7, Requisitioning Driver Selection and Testing Materials.

b. All supplies of Form 5932 must be kept in a locked container.

c. Examiners who are responsible for administering initial road tests are to inform the personnel office only whether the individual passed or failed. Use Form 5905 for this purpose. They must ensure that neither the individual's score nor the checklist is sent to the personnel office.

d. Place completed Forms 5932 (whether reflecting a passing or failing score) in a sealed envelope. Print the applicant's or employee's name, score, date of examination, route, and examiner's name on the front of the sealed envelope. See 270 for further information.

## 254 Administration of the Road Test

### 254.1 Discussion With Individual

**254.11** The applicant or potential driving employee must be told of the restrictions that apply to the road test before the test is administered. Specifically, advise individuals that:

a. The purpose of the initial road test is to measure their potential to drive safely and professionally.

b. They should pass the road test if they follow all the rules and regulations in the State handbook.

c. Should they fail the first attempt, they will be afforded a second opportunity. (see RCR exception, 252.42)).

d. Regardless of whether they fail or pass, absolutely no information about the test criteria can be disclosed. Explain that the nondisclosure of the road test is to ensure that everyone who takes the test has the same fair and equal chance to pass.

e. The exempt status of the road test with respect to disclosure is covered by Federal Regulations and the Privacy Act.

**254.12** When individuals fail the road test, inform them of the general titles on Form 5932 where they made errors. This is limited solely to advising them that their driving weaknesses were in the areas of "Compliance With Rules," "Judgment/Attention in Driving Situations," and/or "Proper Operation of the Vehicle." Recommend that these individuals obtain copies of their State handbook and/or attend driving school to correct their driving deficiencies. Under no circumstances are specific driving errors to be revealed.

**254.2 Conducting the Road Test.** Specifics concerning the actual administration of the test are found in the restricted booklet, *Instruction for Examiners Conducting the Initial Road Test*.

## 255 Road Test Routes

**255.1** Ideally, the route should include those traffic conditions that postal drivers will be expected to encounter while on the job. Specifications on the road test route requirements are contained in the restricted booklet, *Instruction for Examiners Conducting the Initial Road Test*. Since the information contained in this booklet is restricted, the road test examiner is the only individual who is permitted access to it, and the booklet must be secured in a locked file or cabinet. The exception is the last page of the booklet, which contains a sample road test schematic. This sample schematic must be given to the Division Manager, Training, or the MSC Supervisor, Training, for purposes of managing road test routes; however, it must be similarly secured.

**255.2** In all offices where initial road tests are administered, there should be at least two different approved routes. Applicants or potential driving employees who are taking the road test for the second time should be tested on a route that is different from the one **used** during the first road test. In addition, whenever possible, it is recommended that the second test be conducted by a different examiner. To ensure maximum standardization of road test administration, MSC Supervisor, Training should ensure that road test routes are as similar as possible relative to the degree of skill necessary to navigate the routes. Wherever possible, initial road tests should be administered in one central location within the MSC. However, if necessary, additional testing locations may be established in accordance with Section 520, Establishment of RTE Functions.

**255.3** Copies of proposed or existing schematic road test routes must be submitted to the Division Manager, Training, or the MSC Supervisor, Training, for approval, review, and maintenance. Approved routes must be reviewed at least once every 3 years for appropriateness and/or changing physical conditions of the route. Safety personnel may offer advice on the appropriateness of schematic routes.

255.4 All applicants and potential driving employees must be given the initial road test in standard passenger vehicles. They may use their own personal vehicles, including jeeps, pickups, vans, etc., if: (1) they are equipped with seatbelts, and (2) they meet the criteria specified in Notice 76, *Expanded Vehicle Safety Check*, Exhibit 255.4. If the individual's personal vehicle does not have functioning seatbelts or does not meet the criteria in Notice 76, the applicant must be provided a postal-owned or -leased passenger vehicle. Applicants are not to be tested in postal-owned or -leased jeeps or trucks.

Exception: Motor vehicle operator and tractor trailer operator applicants must be tested in the type of vehicle(s) that will be used on the job, and they must have a valid State license to operate that type of vehicle. For example, motor vehicle operator applicants must be tested in 5- or 7-ton trucks and tractor-trailer operator applicants must be tested in tractor-trailers. The State license requirement does not apply to current employees who are seeking either of these two positions.

## **260 Medical Examinations and Assessments**

### **261 Requirement**

**261.1** Potential driving employees who have met all applicable requirements for assignment (selection procedures/bid criteria) and driving applicants who have successfully completed the prehire screening processing and have been given a job offer must be scheduled for a complete medical examination. Results are documented on Form 2485, *Medical Examination and Assessment* (Exhibit 261.1a), and Form 4583, *Physical Fitness Inquiry for Motor Vehicle Operators* (Exhibit 261.1b).

261.2 Current or former employees who have had a medical examination within the last year where a Form 2485 was used need not be reexamined if the physical requirements of the position for which the individual is being considered are less demanding than the last position held. When there is a question regarding whether the physical requirements of the present or future positions are more demanding, refer the matter to the medical officer for determination.

261.3 Medical examinations should be conducted, to the greatest extent possible, by USPS medical officers or contract physicians.

### **262 Cost**

**262.1** The cost of a pre-employment medical examination that is conducted by a private physician is paid by the applicant.

262.2 Pre-employment medical examinations administered by postal medical officers or contract physicians are conducted at no expense to the applicant.

262.3 Medical examinations that are administered for potential driving employees are conducted at no expense to the postal employee.

262.4 In the event that the medical examination is performed by someone other than a postal medical officer or contract physician, the employment officer should provide the applicant or potential driving employee with an official penalty envelope, pre-addressed to the head of the medical facility where the individual's Official Medical Folder (OMF) will be (or is) maintained. The individual should request the examining physician to return the completed forms in the pre-addressed envelope within 5 days from the date of examination.

### **263 Risk Assessment**

**263.1** Based upon the complete medical examination and a review of the applicant's or potential driving employee's recent medical and employment history, the USPS medical officer makes a medical assessment of the individual's ability to perform the essential functions of the position. The assessment will identify: (1) any physical or mental restrictions on the part of the applicant, (2) the degree of risk for further injury or illness within the next 6 months, and (3) suggested job modifications that would reduce the applicant's risk and allow for performance of the essential functions of the position in a safe manner.

263.2 The final decision concerning job accommodations is made by selection officials only after considering all of the facts, recommendations, and suggestions made by the medical officer and operations personnel.

U.S. Postal Service	Instructions
<p align="center"><b>Expanded Vehicle Safety Check</b></p> <ol style="list-style-type: none"> <li>1. Look under <b>body</b> for oil and water leaks.</li> <li>2. <b>Inspect</b> two front tires for inflation and wear.</li> <li>3. Check <b>hood</b> latches.</li> <li>4. Check front for body damage.</li> <li>5. Check left side for body damage.</li> <li>6. Check left door lock.</li> <li>7. Check for rear end <b>leaks</b>.</li> <li>8. Check rear tires for inflation and wear.</li> <li>9. Check <b>rear</b> for body damage.</li> <li>10. Check rear <b>door</b> lock.</li> <li>11. Check right side for body damage.</li> <li>12. Check right door lock.</li> <li>13. Open door and move into driving position.</li> <li>14. Start engine (if temperature is <b>15°</b> or <b>below</b>).</li> <li>15. With assistance . adjust pottid and left <b>front</b> mirrmr.</li> <li>16. With assistance • check headlights, tail lights, brake lights, <b>4-way</b> flashers, and directional signals, <b>front</b> and rear.</li> <li>17. Adjust right side rear view mirror.</li> <li>18. Adjust center <b>rear</b> view <b>mirror</b>.</li> <li>19. Check steering wheel play.</li> <li>20. Check accident report kit.</li> <li>21. Check window locks.</li> <li>22. Check windshield wipers and washer.</li> <li>23. Check horn.</li> <li>24. Check gauges (gas gauge requires <b>30</b> seconds for "warm-up").</li> <li>25. Check <b>foot</b> brake (no more than 2 inches <b>free</b> play).</li> <li>26. Check hand brake.</li> <li>27. Check seat belt and fasten.</li> </ol> <p>Note: This check list has been programmed to take the driver in a logical sequence around the RHD vehicle with a minimum of lost motion. <b>For LHO</b> vehicles . work from right side to rear to left side beginning at Item 5. <b>Items</b> 15 and 16 . if no assistance readily available, handle personally.</p> <p><b>See Additional Instructions On Reverse</b></p> <p>Notice 76, April 1967</p>	<p>Check items shown on other-side on the initial use of each vehicle each day.</p> <p>Report deficiencies, body damage, or inoperable items to your supervisor using Form 4565, Vehicle Repair Tag, so the condition can be corrected or another vehicle may be provided.</p> <p>Proceed to your first assignment if there are no vehicle deficiencies.</p> <p align="right">Reverse of Notice 76</p>

Exhibit 255.4, Notice 76, Expanded Vehicle Safety Check


263.3 The appointment should not be made until the medical assessment has been conducted and received from the medical facility. It is essential that driving applicants and potential driving employees who are determined not medically fit for the position and for whom no reasonable job accommodation is deemed possible are not hired or otherwise considered for positions that require driving as part of the official duties.

### **270 Establishment of Form 4582, Operator's Record**

The employment/personnel office should forward the State driving abstract and the completed Forms 2480, 4583, and 5905 to the PEDC for

inclusion and establishment of Form 4582 (Exhibit 270) only after the individual has met all of the requirements of the position.

Note: Keep State abstracts and forms for those individuals who are not selected with the individual's employment application or other related papers. Once a Form 4582 has been established for an employee, the sealed envelope containing Form 5932 becomes a permanent part of the Form 4582. Forms 5932 for applicants or employees who have twice failed the initial road test must be similarly secured in a locked central file or cabinet. They are to be destroyed after 2 years.

	<b>MEDICAL EXAMINATION AND ASSESSMENT</b>
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**Privacy Act Statement**

The collection of this information is authorized by 39 USC 401. This information will be used to provide employees with necessary health care and to determine fitness for duty. As a routine use, this information may be disclosed to the Office of Personnel Management, and other Federal agencies responsible for Federal benefits programs, to an appropriate law office enforcement agency for investigation of prosecutive purposes, to a Congressional office at your request, to the Office of Management and

Budget for review of private relief legislation, to an agency where relevant to hiring, contracting, or licensing, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary, however, if this information is not provided, the individual may not receive the requested benefits or employment.

**A: Completed by Examinee (Type Or Print in Ink)**

1 Name (Last, First, Middle)	2 Social Security Number	3 sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4 Date of Birth
5. Do you have an medical disorder or physical impairment which could interfere in an way with the full performance of duties of the position for which you are applying? (If your answer is "Yes", explain fully to the physician performing the examination).  <input type="checkbox"/> Yes <input type="checkbox"/> No		I certify that all the information to be given by me in connection with this examination will be correct to the best of my knowledge and belief.	
6 Signature		7 Date	

**B: Completed by Appointing or Referring Office Before Examination**

1a Exam Type <input type="checkbox"/> Preemployment <input type="checkbox"/> Fitness-for-Duty	2 Exam Appointment	Date	Time
3 Reason for Request <input type="checkbox"/> Inadequate Medical Information <input type="checkbox"/> Excessive Absenteeism for Medically Documented Conditions <input type="checkbox"/> Behavioral (Performance, Attitude) <input type="checkbox"/> Other (Specify)	3. Position Applied for or Now Holds	Location  a. Title  b. Installation	
Circle the number preceding each functional requirement and each environmental factor essential to the duties of this position. List any additional essential factors in the blank space. Also, if the position involves law enforcement, attach the specific medical standards for the information of the examining physician.			
<b>Functional Requirements</b>			
1 Heavy lifting, up to 70 pounds 2 Moderate lifting, 15-44 pounds 3 Light lifting, under 15 pounds 4 Heavy carrying, 46 pounds and over 5 Moderate carrying, 15-44 pounds 6 Light carrying, under 15 pounds 7 Straight pulling / hours/ 8 Pulling hand over hand / hours/ 9 Pushing / hours/ 10 Reaching above shoulder 11 Use of fingers 12 Both hands required or compensated by the use of acceptable prostheses 13 Walking / hours/ 14 Standing / hours/ 15 Crawling / hours/	16. Kneeling / hours/ 17. Repeated bending / hours/ 18. Climbing, legs only / hours/ 19. Climbing, use of legs and arms 20. Both legs required 21. Operation of crane, truck, tractor, or motor vehicle 22. Ability for rapid mental and muscular coordination simultaneously 23. Ability to use firearms 24. Near vision correctable, 13" to 16" to Jaeger 1 to 4 25. Far vision correctable in one eye to 20/20 and to 20/40 in the other	26. Far vision correctable in one eye to 20/40 and to 20/100 in the other 27. Specific visual requirement (specify)  28. Both eyes required 29. Depth perception 30. Ability to distinguish basic colors 31. Ability to distinguish shades of colors 32. Hearing (ad permitted) (hear conversational voice 5 feet one ear) 33. Hearing without aid 34. Specific hearing requirements (specify)  35. Other (specify)	
<b>Environmental Factors</b>			
1 Outside 2 Outside and inside 3 Excessive heat 4 Excessive cold 5 Excessive humidity 6 Excessive dampness or chilling 7 or atmospheric conditions 8 Excessive noise, intermittent 9 constant noise 10 Dust 11 Fumes, smoke, or gases	12. Solvents (degreasing agents) 13. Grease and oils 14. Radiant energy 15. Electrical energy 16. Slippery or uneven walking surfaces 17. Working around machinery with moving parts 18. Working around moving objects or vehicles 19. Working on ladders or scaffolding 20. Working below ground 21. Unusual fatigue factors (specify)	22. Working with hands in water 23. Explosives 24. Vibration 25. Working closely with others 26. Working alone 27. Protracted or irregular hours of 28. Other (specify)	

PS Form 2485, Aug. 1986 (p. 1 of 6)

Part 1 — Forward to Appointing Official

**Exhibit 261.1a (p. 1), Form 2485, Medical Examination and Assessment**



**C: Medical History**  
(Completed by Examinee before Examination)

<p>This section contains questions regarding your medical history and health habits. This information will be used to make a medical assessment of whether you can safely and efficiently perform the duties of the position that you now hold or for which you have applied. Detailed medical information will be handled in a confidential manner. Only information that is directly relevant to determining your ability to function effectively in your work with the Postal Service will be released to the hiring official. It is essential that you answer all questions truthfully and completely. A history of any health problem will not necessarily disqualify you from employment. False or incomplete answers may, however, result in disqualification or termination of hire.</p>											
<p>1. Have you Ever Been Refused Employment or Been Unable to Hold a Job Because of:</p> <p>a. Sensitivity to Chemicals, Dust, Pollens, Sunlight, Etc.</p> <p>b. Inability to Perform Certain Motions</p> <p>c. Inability to Assume Certain Positions</p> <p>d. Other Medical Reasons (If "Yes" Give Reasons).</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Yes	No								
Yes	No										
<p>2. Have you Ever Required Special or Restricted Job Assignment Due to Illness, Injury, or Physical Impairments? (If "Yes" List Accommodations Provided).</p>	<p>8. Have you Ever Received Compensation or a Cash Settlement From an Employer Insurance Company, Governmental or Other Organization for Injury or Disease? (If "Yes" Explain)</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table>	Yes	No								
Yes	No										
<p>3. Have you Ever Had or Have You, at Any Time, Been Treated for a Psychiatric Disorder? (If "Yes" Specify Date and Give Details).</p>	<p>9. Have you Ever Had an X-Ray or Other Special Examination (e.g. Electrocardiogram, CAT Scan)? (If "Yes" Give Date and Explain).</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table>	Yes	No								
Yes	No										
<p>4. Have you Ever Been Treated for Any Medical Condition Other Than Minor Illness, or had Any Operations?</p>	<p>10. Are you Taking Any Prescribed Medicines? (If "Yes" Explain).</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table>	Yes	No								
Yes	No										
<p>5. Have you Worked for Any Length of Time in a Job Involving the Handling of Chemical, Toxic, or Dangerous Materials?</p>	<p>11. Have you Had Military Service?</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table>	Yes	No								
Yes	No										
<p>6. Have you Had any Known Exposure to Asbestos or Asbestos-Related Products? (If "Yes" State Where and When).</p>	<p>12. Have you Ever Been Rejected for or Discharged From Military Service, Because of Any Physical or Mental Reasons? (If "Yes" Give Date and Reason).</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table>	Yes	No								
Yes	No										
<p>7. Have you Ever Worked in a Noisy Environment? (If "Yes" State Where and When).</p>	<p>13. Have you Lived or Been Employed Overseas? (If "Yes" State When and Number of Months Include Military Service).</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table>	Yes	No								
Yes	No										
	<p>14. Have you Ever Filed a Disability Claim or Received Payment or Compensation From the U.S. Government? (If "Yes" complete a, b and c)</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table>	Yes	No								
Yes	No										
	<p>14a. Your Claim Number _____</p> <p>14b. Percent Rating _____</p> <p>14c. Cause _____</p>										

PS Form 2485, Aug. 1986 (p. 2 of 6)

Restricted-Medical

Retained by Postal Medical Officer

**Exhibit 261.1a (p. 2), Form 2485, Medical Examination and Assessment**

## C: Medical History (Continued)

(Complete d by Examinee before Examination)

5. Do you Exercise Regularly? (If "Yes" describe type, amount and frequency).	Yes	No	18. Have you Ever Used Any of the Following Drugs or Controlled Substances?	Yes	No
			a. Morphine, Heroin, Methadone, Codeine, Percocet, Percodan, or Other Narcotic Drugs?		
			b. Amphetamines, Methamphetamine, Diet Pills, Cocaine, or Other Stimulant Drugs?		
			c. Barbituates, Quaaludes, Doriden, Seconal, or Other Sedative or Hypnotic Drugs?		
			d. Marijuana, Hashish, Mescaline, LSD, PCP (angel dust), or Other Hallucinogenic Drugs?		
			e. Librium, Valium, Elavil, or Other Tranquilizers or Antidepressant Drugs?		
3. Have you Ever Used Tobacco? (If "Yes" describe type, amount, age started and age stopped if discontinued).			13. If you Answered "Yes" to Any Question in Item 18, Answer the Following Questions:		
			a. Have you Ever Been Dependent Upon, or Habitually Used, Any of the Drugs or Categories of Controlled Substances Listed in Item 16?		
			b. Have you Ever Been Hospitalized or Received Treatment for Use of Drugs or Other Controlled Substances?		
			c. Have you Ever Received Treatment for Any Physical or Emotional Condition Caused by, or Related to, Your Use of Drugs or Other Controlled Substances?		
			d. Has your Use of Drugs or Other Controlled Substances Ever Affected your Work Performance, Ability to Obtain or Hold a Job or Driving Privileges, or Resulted in Arrests or Court Actions?		
7. Have you Ever Used Alcoholic Beverages? (If "Yes" answer the following questions).					
a. Have you Ever Been Dependent Upon, or Habitually Used, Alcoholic Beverages?					
b. Have you Ever Received Treatment for, or Participated in any Program for Alcoholism or Drinking Problems?					
c. Has your Use of Alcoholic Beverages ever Affected your Work Performance, Ability to Obtain or Hold a Job or Driving Privileges, or Resulted in Arrests or Court Actions?					

## 20. Do you Now or Have you Ever Had Any of the Following Conditions:

	Yes	No		Yes	No
1. Frequent or Severe Headaches			33. Venereal Disease (Syphilis or Gonorrhea)		
2. Disturbance of Vision			34. Hemorrhoids or Rectal Disease		
3. Wear Glasses or Contact Lenses			35. Arthritis (Rheumatism or Bursitis)		
4. Eye Injuries or Abnormalities			36. Leg Cramps		
5. Loss of Hearing			37. Painful or Swollen Joint		
6. Ear Abnormalities			38. Foot Trouble — Flat Feet		
7. Chronic Sinus Trouble			39. Bone Fracture		
8. Hoarseness			40. Limb Disorders		
9. Goiter or Thyroid Trouble			41. Amputation (Where?)		
10. Enlarged Glands in Neck or Other Area			42. Back Surgery		
11. Stiffness of Neck			43. Back Injury or Abnormality		
12. Chronic Cough (Check if Blood is Present <input type="checkbox"/> )			44. Paralysis		
13. Frequent Colds			45. Cancerous Tumor or Cyst		
14. Wheezing or Asthma			46. Numbness, Weakness, Tremors, or Dizziness		
15. Lung Disease			47. Skin Condition (e.g., Eczema, Hives, Fungus, or Rash)		
16. Pain or Pressure in Chest			48. Allergies		
17. Shortness of Breath			49. Pilonidal or Other Cysts		
18. Heart Abnormality			50. Discoloration, Birthmarks, Scars		
19. Heart Attack (When?)			51. Diabetes		
20. Heart Murmur			52. Gout		
21. High Blood Pressure			53. Stroke		
22. Unexplained Weight Change			54. Epilepsy, Seizures, or Blackouts		
23. Digestive Abnormality			55. Rheumatic Fever		
24. Recurring Abdominal Pain			56. Tuberculosis		
25. Frequent Diarrhea (Check if blood is present <input type="checkbox"/> )			57. Hepatitis		
26. Frequent Constipation			58. For Females: Female Disorders		
27. Jaundice Disease			59. For Females: Are You Pregnant?		
28. Kidney or Bladder Disease			60. For Males: Abnormalities of Genitals		
29. Kidney or Bladder Stones			61. Have you Ever Had Any Illness/Injury Other Than Those Listed Above?		
30. Bloody Urine					
31. Trouble Passing Urine (Pain or Frequency)					
32. Hernia					

PS Form 2485, Aug. 1986 (p. 3 of 6)

RESTRICTED-MEDICAL

Retained by Postal Medical Office

Exhibit 261.1a (p. 3), Form 2485, Medical Examination and Assessment

**D: Medical Findings**  
(Completed by Examining Physician)

NOTE: If hired, the person you are about to interview will be assigned to the position which will include the functional requirements and environmental factors circled in Section B, Item 4. In conducting your examination and reporting your findings and conclusions, take these factors into consideration.

1. Examinee's Name	2. Height (Feet, Inches)	3. Weight (Pounds)
--------------------	--------------------------	--------------------

**4. Eyes**

Snellen (Distant Vision)		Jaeger	
a. Without Glasses	b. With Glasses	c. Without Glasses	d. With Glasses
Right 20 _____	Right 20 _____	Right _____ in. to _____ in.	Right _____ in. to _____ in.
Left 20 _____	Left 20 _____	Left _____ in. to _____ in.	Left _____ in. to _____ in.
e. Is Color Vision Normal When Ishihara or Other Color Plate Test is Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		f. If Answer to c. is "NO", Can Applicant Pass Lantern or Other Compatible Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**5. Ears**

a. Ordinary Conversation Right Ear @ 20 ft. _____ Left Ear @ 20 ft. _____	b. Audiometer (Attach Audiogram)
------------------------------------------------------------------------------	-------------------------------------

**6. Blood Pressure/Pulse**

a. Systolic/Diastolic	b. Two Additional Readings if Elevated	c. Pulse
-----------------------	----------------------------------------	----------

**7. Urinalysis**

(Microscopic when Indicated; Drug Testing when Indicated)


a. Albumen (With Multi Test Stick)	b. Sugar (With Multi Test Stick)	c. Blood (With Multi Test Stick)	d. Drugs Identified
------------------------------------	----------------------------------	----------------------------------	---------------------

**6. Physical Examination**

Clinical Evaluation	Normal	Ab-normal	Clinical Evaluation	Normal	Ab-normal
a. Head, Face, Neck, and Scalp			i. Anus & Rectum (if indicated)		
b. Nose			m. Endocrine System		
c. Mouth & Throat			n. Hernia (any type)		
d. Ears			o. Upper Extremities		
e. Eyes			p. Feet		
f. Ophthalmoscopic			q. Lower Extremities		
g. Ocular Motility			r. Spine		
h. Lungs & Chest (Breasts, if indicated)			s. Identifying Body Marks, Scars		
i. Heart			t. Skin, Lymphatics		
j. Vascular System (Varicosities, etc.)			u. Neurologic		
k. Abdomen			v. Mental Status		

Explain in detail any abnormality noted on history or physical examination under item 9.

## 9. Summary of Medical Findings

Examinee's Name		
1a. Physician's Name (Type or Print)		b. Address (Include ZIP+4)
 <b>Important!</b> Examining Physician: If you are not a Portal Medical Officer, sign and return the entire form, intact, in the preaddressed Restricted/Medical envelope within five days of the examination.	c. Signature	d. Date

PS Form 2495, Aug. 1986 (p. 5 of 6)

RESTRICTED-MEDICAL

Retained by Portal Medical Officer

Exhibit 261.1a (p. 5), Form 2485, Medical Examination and Assessment

NOTE: Insert carbon from page 1 between parts 1 & 2 of this page before completing.

<b>Examinee's Name</b>	<b>SSN</b>	<b>E: Medical Assessment by Postal Medical Officer/Contract Physician</b> <i>(Complete all items below)</i>				
<b>1. Medical History:</b> Based upon review of Section C of this form. Examinee's Medical History, VA records <i>(if applicable)</i> , outside medical records, etc., check appropriate box below. Note any significant past medical data that is pertinent to the physical and mental requirements of the essential functions of the position applied for.  <input type="checkbox"/> No Significant Findings <input type="checkbox"/> Significant Findings as Noted Below:						
<b>2. Physical Findings:</b> Based upon a complete physical examination and mental status examination <i>(if indicated)</i> , check appropriate box below. Note any restrictions <i>(inabilities)</i> and/or limitations <i>(partial inabilities)</i> identified  <input type="checkbox"/> No Limitations/Restrictions <input type="checkbox"/> Limitations/Restrictions as Noted Below: <input type="checkbox"/> Specialist Exam Required <div style="text-align: right;"><i>(Do not complete item 4, below, until Specialist's report is reviewed.)</i></div>						
<b>3. Employment History:</b> Based upon review of examinee's PS Form 2591, Application for Employment <i>(if applicable)</i> , Supervisor's Evaluations, prior job descriptions, etc., check appropriate box below. Note any employment data that is pertinent to past or current medical conditions. Note only that employment data which supports the examinee's ability or inability to perform the essential functions of the position for which the examinee has applied.  <input type="checkbox"/> No Significant Findings <input type="checkbox"/> Significant Findings as Noted:						
<b>4. Risk Assessment:</b> NOTE: Do not complete this section until specialist's report <i>(if required)</i> has been reviewed. Based upon a review of findings as noted in nos. 1-3, above, indicate assessment of applicant's risk of incurring job-related injury or illness, within the next six months, due to existing or past medical conditions. <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> No Medical Risk/Restriction: Examinee is medically qualified to perform essential functions of the position without accommodation.</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Moderate Risk/Restriction: Examinee would be medically qualified to perform essential function of the position only if below noted limitations/restrictions can be accommodated. (See No. 5 below.)</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Low Risk/Restriction: Examinee is medically qualified to perform essential functions of the position at the time of examination, but periodic medical follow-up is recommended. (See No. 5, below)</td><td style="vertical-align: top;"><input type="checkbox"/> High Risk/Restriction: Examinee is not medically qualified to perform essential functions of the position. Accommodations will not reduce medical risk or restriction</td></tr></table>			<input type="checkbox"/> No Medical Risk/Restriction: Examinee is medically qualified to perform essential functions of the position without accommodation.	<input type="checkbox"/> Moderate Risk/Restriction: Examinee would be medically qualified to perform essential function of the position only if below noted limitations/restrictions can be accommodated. (See No. 5 below.)	<input type="checkbox"/> Low Risk/Restriction: Examinee is medically qualified to perform essential functions of the position at the time of examination, but periodic medical follow-up is recommended. (See No. 5, below)	<input type="checkbox"/> High Risk/Restriction: Examinee is not medically qualified to perform essential functions of the position. Accommodations will not reduce medical risk or restriction
<input type="checkbox"/> No Medical Risk/Restriction: Examinee is medically qualified to perform essential functions of the position without accommodation.	<input type="checkbox"/> Moderate Risk/Restriction: Examinee would be medically qualified to perform essential function of the position only if below noted limitations/restrictions can be accommodated. (See No. 5 below.)					
<input type="checkbox"/> Low Risk/Restriction: Examinee is medically qualified to perform essential functions of the position at the time of examination, but periodic medical follow-up is recommended. (See No. 5, below)	<input type="checkbox"/> High Risk/Restriction: Examinee is not medically qualified to perform essential functions of the position. Accommodations will not reduce medical risk or restriction					
<b>5. Suggested Accommodations:</b> (Job modifications which would allow examinee to perform essential functions of the position effectively and safely)						
Signature of Medical Authority	Date	Name and Location <i>(Type or Print)</i>				


F: Completed by Appointing Official

<b>Enter Action Taken</b> <input type="checkbox"/> Selected For Appointment  <input type="checkbox"/> Not selected For Appointment	<b>Name &amp; Location <i>(Type or Print)</i></b>  <table style="width: 100%; border: none;"><tr><td style="width: 70%; vertical-align: top;">Signature</td><td style="width: 30%; vertical-align: top;">Date</td></tr></table>	Signature	Date
Signature	Date		

PS Form 2485, Aug. 1986 (p. 6 of 6)

Part 1 - Forward to Appointing Official

Exhibit 261.1a (p. 6), Form 2485, Medical Examination and Assessment

 <p align="center"><b>PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS</b></p> <p align="center">*OF-346 is U.S. Government Motor Vehicle Operator's Identification Card</p>		<p>Collection of this information is authorized by 39 USC 401, 1001. It will be used to determine your qualifications to drive a U.S. Government vehicle. As a routine use, this information may be disclosed to OPM for making determinations related to benefits programs; to OWCP, Retired Military Pay Centers, VA, and SSA for administering benefits programs; to OSHA/DOL, upon request, when needed to perform its duties in accordance with 29 CFR 1910; to a labor organization, upon its request, pursuant to the NLRA, when needed to perform its duties as collective bargaining representative of postal employees in an appropriate bargaining unit; to an authorized investigator of the EEO Commission, upon request, when relevant to a formal complaint of discrimination filed against USPS under 29 CFR 1613; to a private physician or other medical personnel retained by USPS to provide medical services related to an employee's employment; and where pertinent, in a legal proceeding to which USPS is a party. See also system USPS 120.090. Completion of this form is voluntary; however, if this information is not provided, you will not be permitted to drive a Government vehicle.</p>			
<p><b>Section A.</b> Completed by Employing Office for initial issuance of an OF-346 or PEDC Manager or Designer for Renewal of an OF-346</p>	<p><b>Operator's Name (Last, First, Middle)</b> (U.S. Government Motor Vehicle Operator's Identification Card)</p>		<p>2. Social Security Number</p>	<p>3. Position Title</p>	
	<p>PEDC Address</p>		<p>6. Types of Vehicles to be Driven</p>		
<p><b>Section B.</b> Completed by Postal Medical Officer After Reviewing: (1) Form 2466 for Initial Issuance of an OF-346 or for Renewal of an OF-346 Operator Of a Vehicle 10,000 Pounds or Over or (2) Sections C&amp;D of this form for Renewal Of an OF-346 for the Operator of a Vehicle Less Than 10,000 Pounds</p>	<p><b>Assessment (Complete either Part a, b, or c)</b></p> <p><input type="checkbox"/> Operator has no Medical Limitations and is Certified to Drive.</p> <p><input type="checkbox"/> Operator has the Following Medical Limitations and is Certified to Drive ONLY if the Suggested Accommodations Can be Made:</p> <p><input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Blood Pressure</p> <p><input type="checkbox"/> Other Medical Conditions:</p> <p><input type="checkbox"/> Operator has Medical Limitations Which Cannot be Accommodated and is NOT Certified to Drive</p>				
	<p>a. Date</p>	<p>7b. Medical Officer Name &amp; Location (Type or Print)</p>		<p>7c. Signature</p>	
<p><b>Section C.</b> Completed by Applicant/Employee Prior to Medical Examination (Items 8-21b)</p>	<p>8. Sex</p>	<p>9. Date of Birth</p>	<p>Current State Drivers License Restriction</p>	<p>14. Number</p>	
	<p>10. Color Hair</p>	<p>11. Color Eyes</p>	<p>12. Height</p>	<p>13. Weight</p>	<p>15. State</p>
<p>16. Date Expire:</p>					

<p><b>18. Have You Ever or Have You Now (Enter an "X" in the Appropriate Columns)</b></p>					
Yes	No	Item	Yes	No	Item
		a. Poor Vision in One or Both Eyes			j. Arthritis, Rheumatism, Swollen or Painful Joints
		b. Eye Disease			k. Loss of Hand, Arm, Foot, or Leg
		c. Poor Hearing in One or Both Ears			l. Deformity of Hand, Arm, Foot, or Leg
		d. Diabetes			m. Nervous or Mental Trouble of Any Kind
		e. Palpitation, Chest Pain or Shortness of Breath			n. Blackouts or Epilepsy
		f. Dizziness or Fainting Spells			o. Sugar or Albumin in Urine
		g. Frequent or Severe Headaches			p. Excessive Alcohol Drinking Problem
		h. High or Low Blood Pressure			q. Other Serious Impairments or Diseases
		i. Drug or Narcotic Habit			
<p>19. If You Answered "Yes" to one or More of the Above Items, Explain in Detail on Reverse in Bottom Portion (NOT IN CARBON AREA). Reference Specific (Items) and Check this Box <input type="checkbox"/></p>					
<p>20. Do You Wear:</p>		<p>20a. Glasses (or Contact Lenses) While Driving?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>20b. A Hearing Aid?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>I certify that my answers above are full and true, and I understand that a false statement or dishonest answer to any question may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law.</p>			<p>21a. Date</p>		<p>21b. Signature</p>
<p><b>Section D.</b> Completed by Examining Personnel Only for OF-346 Renewal for the Operator Of a Vehicle Less Than 10,000 Pounds</p>	<p>22. Vision</p> <p>Right Eye:</p> <p>Left Eye: Both: Color:</p>		<p>23. Blood Pressure</p>		
	<p>24a. Date</p>	<p>24b. Examining Personnel Name and Location (Type or Print)</p>		<p>24c. Signature of Examining Personnel</p>	

PS Form 4583, Jan. 1987

2 - Retained by Medical Officer

Exhibit 261.1b, Form 4583, Physical Fitness Inquiry for Motor Vehicle Operators

[illegible][illegible]

[illegible]

## SECTION C – Record of On-Duty Accidents, Citations and/or Arrests since SF 46 Date of Issue

[illegible]**SECTION D – Safe Driver Awards Earned**[illegible]**SECTION E -- Special Awards Earned (Superior Performance, Meritorious, other)**

Date	Type of Award	Date	Type of Award	Date	Type of Award



[illegible]

## INSTRUCTIONS

1. Print the employee's name in bold letters. "Office or Station" and "Position Title" may be entered in pencil and should be updated as necessary. Print all other entries in ink or use rubber stamps.
2. File Forms 1768, Safe Driver Award Committee Decision; 4583, Physical Fitness Inquiry For Motor Vehicle Operators; 4584, *Observation of Driving Practices*; 5932, Road Test Checklist; TD #. 37-B,C, and D, End-of-Training Tests, and State Driving Abstract and all other forms, reports, correspondence, etc., relating to driver activities, in this folder. NOTE: The completed Form 5932 must be placed in a sealed envelope before filing in this folder.
3. Folders may be flagged for license renewal, using the month/number system in the upper right margin.
  - a. Flag the month in which renewal is scheduled.
  - b. Additionally, flag the number indicating year in which renewal is scheduled.  
(For example: 1 = 1984.2 = 1985, 3 = 1986, 4 = 1987. Upon renewal, 1 = 1988.2 = 1989, 3 = 1990, 4 = 1991, and so on. J
  - c. Since most licenses are renewed at three or four year intervals, flags need not be changed upon renewal.
4. Record all initial, refresher, and improvement driver training in Section B. Training time on specific vehicles should be recorded separately in "Training Hours" column.
5. Record information from Form 1768, State driver records and/or other sources in Section C to provide a complete chronological record of on-duty accidents, citations and/or arrests from the date of first SF 46 issuance.
6. Safe driver awards earned must be recorded in Section D, even though additional records are maintained.
7. Record special awards bearing a relationship to driver performance in Section E.
8. This folder must be maintained under the control of the PEDC manager, who is ultimately responsible for the folder and its contents.
9. This folder with all contents must accompany the driver when transferred.

## Chapter 3

### Driver Training

#### 310 Introduction

#### 311 Types and Purposes of Driver Training

There are three types of training that enable the Postal Service to develop and maintain a professional defensive driving workforce. Driver training is an important means to ensure that:

a. Individuals who have been selected for positions based on their good driving skills, knowledge, and abilities are afforded the opportunity to elevate these skills, knowledge, and abilities to a professional level through initial driver training;

b. Current driving employees who exhibit professional driving skills, knowledge, and abilities are afforded the opportunity to maintain these skills, knowledge, and abilities through periodic refresher training; and

c. Current driving employees who demonstrate a need for improvement in their driving (based either on accident involvement or observed driving practices) are afforded the opportunity to improve a specific deficiency through improvement driver training.

#### 312 Philosophy of Driver Training

The philosophy of the Postal Service is that training should not have to turn a poor driver into a good one. Rather it should begin with a relatively good driver and turn that driver into a professional and better one. Therefore, training, in and of itself, should not be expected to be the only means to improve driver performance or reduce motor vehicle accidents. Equally important are selection, motivation, and ongoing supervision.

#### 320 General

#### 321 Where Conducted

Whenever possible, driver training should be conducted in one central location with the MSC to ensure maximum standardization of training methods and materials. Satellite driver training

locations may be established where warranted and when approved and monitored by the Division Manager, Training, or the MSC Supervisor, Training. To the greatest extent possible, satellite driver training sites should be established in conjunction with satellite road testing locations (see 520). This enables maximum utilization of the same individuals for both the administration of initial road tests and driver training.

#### 322 Documentation

All driver training must be documented on Form 4582, *Operator's Record*, Form 2548, *Individual Training Record* (Exhibit 322), and/or other forms, as required.

#### 330 Initial Driver Training

#### 331 General

**331.1** Initial driver training consists of the following three basic components:

- a. Driver orientation;
- b. Vehicle familiarization; and
- c. Controlled driving instruction and certification.

**331.2** These three elements of initial driver training are required for all new drivers, including but not limited to:

- a. City letter carriers;
- b. Rural carriers, rural carrier reliefs, rural carrier associates;
- c. Special delivery messengers;
- d. Motor vehicle operators;
- e. Tractor trailer operators;
- f. Employees transferring to positions in a different MSC that require driving as part of their official duties, regardless of whether prior driver training was initially received at the losing MSC; and
- g. Casuals who are hired for driving positions.

U.S. POSTAL SERVICE INDIVIDUAL TRAINING RECORD		Craft Area		Group No.		Position No.		Position Title(s)	
Employee Name			Date Entered on Duty			Design & Activity Code		Social Security No.	
Training Requirement <sup>a</sup>	Check Tng. Needs (/)	Required Instruction Given <sup>b</sup>		Additional Training Provided		Employee's Initials and Date	Supervisor's Signature and Date	Remarks	
		Administrator's Initials and Date	Tng. Time Used	Administrator's Initials and Date	Tng. Time Used				
<b>A. STP for New Window Clerks</b>									
1. CAT I									
2. CAT II									
3. CAT III									
<b>B. Courtesy and Customer Relations 41505-00</b>									
1. Human Relations - Pub 181-A									
2. Telephone Courtesy - TD-42									
3. Handling Inquiries and Complaints TD-41									
<b>C. Financial Transactions 41504-00</b>									
*1. Obtain, Replenish, Protect Assigned Credit - TD-101									
*2. Sale of Stamp Stock - TD-102									
3. Semi Domestic Money Orders TD-104-A									
International Money Orders TD-104B									
4. Domestic Money Orders - TD-103									
5. Closing Out at End of Tour - TD-105									
6. Issuing Food Coupons - TD-106									
<b>D. Classes of Mail 14502-00 TD-38-C</b>									
<b>E. Parcel Damage Acceptance 41507-01 TD-128-A</b>									
<b>F. Use of Postal Service Manual</b>									
<b>G. Accept International Mail 41503-02 TD-91</b>									

• Mandatory Modules  
 a If total training requirement is not complete, list topics covered on the reverse  
 b When applicable, instructor shall note under 'REMARKS' that additional training is needed

PS Form 2548-M, Dec. 1982

Exhibit 322 (p. 1), Form 2548, Individual Training Record

Training Requirement	Check Tng. Needs (/)	Required Instruction Given <sup>b</sup>		Additional Training Provided		Employee's Initials and Date	Supervisor's Signature and Date	Remarks
		Administrator's Initials and Date	Tng. Time Used	Administrator's Initials and Date	Tng. Time Used			
<b>H. Domestic Mail 41502-00</b>								
1 Accepting Mail TD-70								
2 Recommending a Service TD-71								
3 Ordinary Mail TO-72								
4 Return Receipts Pub 178-D								
5 Insured Mail TO-74								
6 COD Mail TD-75								
7 Certified mail TD-76								
8 Certificates of Mailing TD-77								
9 Registered Mail TD-79								
10 Rotary Dispatch TD-80								
11 Express Mail Next Day TD-81-A								
<b>I. Customer Services 41501-00</b>								
1 General Delivery TD-50								
2 Claims TD-51								
3 Tracer TD-52								
4 Permits TD-53								
5 Recall of Mail TD-54								
*6 Setting Postage Meters TD-56								
7 Operating Postage Meters TD-57								
8 Lockbox Caller TD-58								
9 Postage Due TD-59								
10 Philately TD-61								
*J. Accountable Mail 44504-00 TD-39-B								
<b>K. Special Programs 41506-00</b>								
1. Passports TD-60								
2. Vending Machine Refunds Pub 177-F								
3. Firm Mailings Pub. 178-I								
Qualifying Examination								
O/N 421 (Category I)								
O/N 422 (Category II)								
O/N 423 (Category III)								
* Mandatory Modules								
b When applicable, instructor shall note under 'REMARKS' that additional training is needed								

GPO : 1984 0 - 437-414

## Exhibit 322 (p. 2), Form 2548, Individual Training Record

### 332 Driver Orientation

#### 332.1 Subjects Covered

**332.11** Driver orientation is the first segment of initial driver training and is conducted by the designated driver instructor in classrooms or other quiet areas. This portion of training is based upon PEDC Program No. 43502-00, Postal Driver Orientation Course, requires a minimum of 8 hours of training, and covers such general subjects as:

- a. Defensive driving habits;
- b. Local traffic laws;
- c. Driver's role in preserving vehicle;
- d. Accident procedures; and
- e. Safe driver award rules.

**332.12** During this portion of training, the driver instructor should emphasize correction of the drivers' deficiencies as identified during initial road tests. However, the deficiencies must not be discussed in terms that are specific to the initial road test checklist nor must the driver instructor indicate that these are items most commonly missed on the initial road test. The driver instructor should also discuss the types and causes of vehicle accidents that occur most frequently in the MSC/Division. Such information is available from safety personnel.

**332.13** The following documents, either wholly or in part, contain information that, if released, would compromise the fairness of the training and testing process. Therefore, all supplies of these documents must be kept in a locked file. These are the source documents for driver orientation:

- a. TD-287A, **Administrator's Guide for End-of-Training Test**;
- b. TD-287B, **Report of Driver End-of-Training Test**; and
- c. TD-287C, **End-of-Training Test**, Part I, Classroom Orientation.

#### 332.2 Written End-of-Training Test

**332.21** This test, TD-287C, Part I, Classroom Orientation, must be administered to all driving

candidates (including rural carrier, rural carrier reliefs, and casuals). This test must be passed before the driving candidate is allowed to progress to the vehicle familiarization portion of initial driver training. The test measures the trainee's retention of subject matter presented in the classroom. Trainees should be allowed up to 1 hour to complete this written test.

**332.22** The **End-of-Training Test**, Part I (TD-287C), must be administered with Form **5926, (4 Position) General Purpose Answer Sheet** (Exhibit 332.22), January 1985 edition.

**332.23** On the answer sheet, Item No. 4, Test Number, should be gridded 287; Item 5, Test Series, should be gridded 001; and Item 1, Lead Office/Installation I.D., should be gridded with the finance number of the MSC/Division's main office.

**332.24** Form **2523, Time Record Sheet**, January 1985 edition (Exhibit 332.24), should be used to record the time at which the last individual finished. Retain one copy at the local level.

**332.25** Failing TD-287C indicates that the trainee does not possess the minimum basic knowledge necessary to drive for the Postal Service, and it precludes the trainee from further eligibility to be licensed. Upon such failure, the driver instructor or training official must notify the appropriate supervisor or manager that the individual cannot be licensed to drive for the Postal Service.

### 333 Vehicle Familiarization

**333.1 Description.** Vehicle familiarization is the second segment of initial driver training and is normally conducted in the garage or on the parking lot/driving range by the designated driver instructor. It is based upon Handbook P-23 (future EL-701), **Orientation and Craft Skill Training** and the Postal Driver Orientation Course No. 43502-00. The purpose of vehicle familiarization is to explain the various parts, equipment, and operation of postal vehicles; to explain unique features of postal vehicles, such as right-hand driving, blind spots, etc.; and to allow trainees an opportunity to perform vehicle safety inspections.



**ANSWER SHEET  
(4 POSITION)  
GENERAL PURPOSE**

**0488654**

**USE NO. 2  
PENCIL ONLY**

[illegible]

The image displays two panels of gel electrophoresis results. The top panel shows lanes labeled P, 7, 4, 2, 1, and P. The bottom panel shows lanes labeled 7, 4, 2, and 1. Molecular weight markers are indicated on the right of each panel.

15	ZIP				
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3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

The U.S.P.S. wants to make sure that its part in the recruitment and hiring of Postal employees is fair for everyone. To do this, we need your answers to the questions below. Your responses are voluntary. Please answer each of the questions to the best of your ability. Your answers will be used for research purposes only and to help assure equal employment opportunity. Please provide accurate information. Your cooperation is important. Completely darken the circle corresponding to your response choice.

17 **Indicate Sex**

☐ Male

☐ Female

**18 Handicap Code**  
see pg. 4

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3	3
4	4
5	5
6	6
7	7
8	8
9	9

Name of Category	Definition of Category
<input type="radio"/> <b>American Indian or Alaskan Native</b>	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
<input type="radio"/> <b>Asian or Pacific Islander</b>	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example China, India, Japan, Korea, the Philippine Islands, Samoa, and Vietnam.
<input type="radio"/> <b>Black, not of Hispanic Origin</b>	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
<input type="radio"/> <b>Hispanic</b>	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.
<input type="radio"/> <b>White, not of Hispanic Origin</b>	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.



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1 A B C D	28 A B C D	55 A B C D	82 A B C D	109 A B C D	136 A B C D	163 A B C D	190 A B C D
2 A B C D	29 A B C D	56 A B C D	83 A B C D	110 A B C D	137 A B C D	164 A B C D	191 A B C D
3 A B C D	30 A B C D	57 A B C D	84 A B C D	111 A B C D	138 A B C D	165 A B C D	192 A B C D
4 A B C D	31 A B C D	58 A B C D	85 A B C D	112 A B C D	139 A B C D	166 A B C D	193 A B C D
5 A B C D	32 A B C D	59 A B C D	86 A B C D	113 A B C D	140 A B C D	167 A B C D	194 A B C D
6 A B C D	33 A B C D	60 A B C D	87 A B C D	114 A B C D	141 A B C D	168 A B C D	195 A B C D
7 A B C D	34 A B C D	61 A B C D	88 A B C D	115 A B C D	142 A B C D	169 A B C D	196 A B C D
8 A B C D	35 A B C D	62 A B C D	89 A B C D	116 A B C D	143 A B C D	170 A B C D	197 A B C D
9 A B C D	36 A B C D	63 A B C D	90 A B C D	117 A B C D	144 A B C D	171 A B C D	198 A B C D
10 A B C D	37 A B C D	64 A B C D	91 A B C D	118 A B C D	145 A B C D	172 A B C D	199 A B C D
11 A B C D	38 A B C D	65 A B C D	92 A B C D	119 A B C D	146 A B C D	173 A B C D	200 A B C D
12 A B C D	39 A B C D	66 A B C D	93 A B C D	120 A B C D	147 A B C D	174 A B C D	201 A B C D
13 A B C D	40 A B C D	67 A B C D	94 A B C D	121 A B C D	148 A B C D	175 A B C D	202 A B C D
14 A B C D	41 A B C D	68 A B C D	95 A B C D	122 A B C D	149 A B C D	176 A B C D	203 A B C D
15 A B C D	42 A B C D	69 A B C D	96 A B C D	123 A B C D	150 A B C D	177 A B C D	204 A B C D
16 A B C D	43 A B C D	70 A B C D	97 A B C D	124 A B C D	151 A B C D	178 A B C D	205 A B C D
17 A B C D	44 A B C D	71 A B C D	98 A B C D	125 A B C D	152 A B C D	179 A B C D	206 A B C D
18 A B C D	45 A B C D	72 A B C D	99 A B C D	126 A B C D	153 A B C D	180 A B C D	207 A B C D
19 A B C D	46 A B C D	73 A B C D	100 A B C D	127 A B C D	154 A B C D	181 A B C D	208 A B C D
20 A B C D	47 A B C D	74 A B C D	101 A B C D	128 A B C D	155 A B C D	182 A B C D	209 A B C D
21 A B C D	48 A B C D	75 A B C D	102 A B C D	129 A B C D	156 A B C D	183 A B C D	210 A B C D
22 A B C D	49 A B C D	76 A B C D	103 A B C D	130 A B C D	157 A B C D	184 A B C D	
23 A B C D	50 A B C D	77 A B C D	104 A B C D	131 A B C D	158 A B C D	185 A B C D	
24 A B C D	51 A B C D	78 A B C D	105 A B C D	132 A B C D	159 A B C D	186 A B C D	
25 A B C D	52 A B C D	79 A B C D	106 A B C D	133 A B C D	160 A B C D	187 A B C D	
26 A B C D	53 A B C D	80 A B C D	107 A B C D	134 A B C D	161 A B C D	188 A B C D	
27 A B C D	54 A B C D	81 A B C D	108 A B C D	135 A B C D	162 A B C D	189 A B C D	

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**0488654****Handicap Code Listing**

CODE		CODE	PARTIAL PARALYSIS (continued)
04	No Handicap	66	Both arms, any part
	SPEECH IMPAIRMENTS	67	One side of body, including one arm and one leg
13	Severe speech malfunction or inability to speak; hearing is normal. Examples: defects of articulation (unclear language sounds); stuttering; aphasia; laryngectomy (removal of the voice box).	68	Three or more major parts of the body (arms and legs)
	HEARING IMPAIRMENTS		COMPLETE PARALYSIS
15	Hard of hearing; correctable by hearing aid	70	One hand
16	Total deafness with understandable speech	71	Both hands
17	Total deafness with inability to speak clearly	72	One arm
	VISION IMPAIRMENTS	73	Both arms
		74	One leg
22	Can read ordinary size print with glasses, but with loss of peripheral (side) vision	75	Both legs
23	Cannot read ordinary size print; not correctable by glasses	76	Lower half of body, including legs
24	Blind in one eye	77	One side of body, including one arm and one leg
25	Blind in both eyes	78	Three or more major parts of the body (arms and legs)
	MISSING EXTREMITIES		OTHER IMPAIRMENTS
27	One hand	80	Heart disease with no restriction or limitation of activity (History of heart problem with complete recovery)
28	One arm	81	Heart disease with restriction or limitation of activity
29	One foot	82	Convulsive disorder (e.g., epilepsy)
32	One leg	83	Blood disease (e.g., sickle cell disease, leukemia, hemophilia)
33	Both hands or arms	84	Controlled diabetes with no restriction of activity
34	Both feet or legs	85	Diabetes with limitation of activity due to complications, such as retinitis, neuritis
35	One hand or arm and one foot or leg	86	Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)
36	One hand or arm and both feet or legs	87	Kidney dysfunctioning (e.g., use of an artificial kidney machine — dialysis)
37	Both hands or arms and one foot or leg	88	Cancer — a history of cancer with complete recovery
38	Both hands or arms and both feet or legs	89	Cancer — undergoing surgical and/or medical treatment
	NONPARALYTIC ORTHOPEDIC IMPAIRMENTS	92	Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis — severe distortion of back, etc.)
	(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part of the body)	93	Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects, gross facial birth marks, club feet, etc.)
44	One or both hands		MENTAL RETARDATION/EMOTIONAL PROBLEMS
45	One or both feet	90	A chronic and lifelong condition involving a limited ability to learn, to be educated and to be trained for useful productive employment as certified by a State Vocational Rehabilitation Agency
46	One or both arms	91	Mental or emotional illness (A history of treatment for mental or emotional problems)
47	One or both legs		
48	Hip or pelvis		
49	Back		
57	Any combination of two or more parts of the body		
	PARTIAL PARALYSIS		
	(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body including legs, arms, and/or trunk)		
61	One hand		
62	One arm, any part		
63	One leg, any part		
64	Both hands		
65	Both legs, any part		

**PRIVACY ACT STATEMENT**

"The collection and use of this information is authorized by 39 USC 1001 and 5 USC 7201. Information which you provide, including your performance on this examination, will be used to assist in determining your qualifications for appointment. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutorial purposes, to a congressional office at your request, to OMB for review of private relief legislation, to any agency where relevant to hiring, contracting, or licensing; to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary; however, if this information is not provided, it may adversely affect possible future appointments. Completion of the race, sex, National origin and disability status has no bearing on personnel selections. It will be used for research purposes only and equal opportunity recruitment programs to help ensure compliance with Federal Law. Such information will not be disclosed outside the Postal Service except to a Federal representative auditing program compliance or as part of a statistical aggregate in which case your name and Social Security Number will not be involved."

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**INSTRUCTIONS FOR COMPLETING PAGE THREE**

The only persons allowed to administer entrance examinations are the Examinations Specialists and Examinations Clerks (monitors) who have been authorized by NTAC. Examinations administered by unauthorized persons will be cancelled.

Use a separate time record sheet for each session. Most of the items on page 3 are to be completed by entering a number in the appropriate box, and then darkening the corresponding circle under the number.

USE ONLY A NUMBER 2 LEAD PENCIL TO COMPLETE THIS FORM.

**PART A: COMPLETE FOR ALL EXAMINATIONS.****ITEM**

- 1 Grid the installation ID number of the exam center.
- 2 Enter the date on which the exam is given.
- 3 Enter the test number (from the front cover of the test booklet, e.g., for CLERK/CARRIER, enter 440; for RURAL CARRIER, enter 172, etc.).
- 4 Enter the test series number used for this session.  
**Note:** Only one series per time record sheet is permitted.
- 5 Enter the number of applicants scheduled for this session
- 6 Enter the actual number of applicants who reported and were examined in this session.
- 7 Enter your social security number.
- 8 Enter the number of examiners and monitors used including yourself. Print the monitors' names in the space provided.
- 9 Print the exam center city, state, and zip code (this must correspond with the Installation ID in Item 1)
- 10 Print your name and your office phone number (this should be the number at which you may be most easily reached in case NTAC should need information in order to process this session).
- 11 Make no entries in this section unless you have been specifically instructed to do so by NTAC.

**PART B: COMPLETE FOR ENTRANCE EXAMINATIONS ONLY**

- 12 Use this space to show the time used (in hours and minutes only) for scheduling, administering, and for miscellaneous activities involved in this test. This is the combined time used by all administrative personnel including examiners, monitors and yourself.

**SCHEDULING** Include the time it took to schedule applicants; to prepare and mail admission cards; and for any other activities related to scheduling.

**ADMINISTRATION** Show the total time used to conduct the examination beginning and ending with the reading of the DFC.

**MISCELLANEOUS** Show the time used to prepare materials; travel to the examination location; set up the room; admit competitors; dismiss competitors; check answer sheets; prepare this form; package and mail the test materials back to NTAC; and travel time back from the test location.

**Note:** If this examination is to be conducted in multiple sessions, the time used for activities other than administration should be prorated among all sessions.

- 13 Cost Enter all amounts in whole dollars only in each item.

**TRAVEL** Show total cost for all administrative personnel including examiners, monitors, and yourself. Include such items as public transportation, reimbursable mileage costs, parking, lodging and per diem, if any, and any other expenditure incurred in transit to and from the test location.

**RENT** Show any rental costs paid by the USPS for use of exam rooms including fees for custodial service.

**PART C: COMPLETE THESE ITEMS FOR MAINTENANCE EXAMS ONLY**

- 14 Enter the appropriate register number for the examination.
- 15 Enter the date this examination was first announced (for in craft exams, use the date the Promotion Eligibility Register [PER] was announced).

PART - A: COMPLETE FOR ALL EXAMINATIONS										USE NO. 2 PENCIL																																											
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RETAIN A COPY OF PAGES 3 AND 4 OF THIS FORM IN YOUR FILES.

**COMMENTS:**

**Examiner's Signature**

**333.2 Vehicles Used.** Familiarization must be provided for each type of vehicle on which the trainee will be certified, e.g., 1/4-ton, long life vehicles, 1/2-ton, 1-ton delivery vehicles. Such familiarization normally requires approximately 1/2 hour per vehicle type. Sufficient vehicles must be available for this purpose.

**333.3 Rural Carriers.** Rural carriers, rural carrier associates, and rural carrier reliefs are exempted from vehicle familiarization, providing that they will be licensed to drive only LHD passenger vehicles. If they are to be certified on other than their personal LHD vehicles, they must receive this familiarization.

## **334 Controlled Driving Instruction and Vehicle Certification**

### **334.1 Controlled Driving Instruction**

**334.11** This is the third and final portion of initial driver training. All driving candidates must receive this training on each type of vehicle that they will be expected and required to drive while performing their jobs. The guidelines are found in Handbook P-23 (future EL-701) and the second portion of PEDC Program No. 43502-00. Appendix B, Sample Driver Training Test Course, offers examples of various exercises and configurations that may be utilized. Instruction is normally conducted on the driving range and/or public streets. The purpose of this training is (a) to allow driving candidates an opportunity to gain familiarity with driving a particular type of vehicle in the manner in which it will be used on the job, and (b) to practice the defensive driving techniques learned during the classroom orientation

**334.12** Specifically, the first part of controlled driving instruction is conducted on the driving range and includes such practices as:

- a. Using the controls;
- b. Leaving curbs;
- c. Parking;
- d. Turning;
- e. Stopping;
- f. Backing;
- g. Railroad crossing; and
- h. Simulated mail delivery, if applicable.

**334.12** Once the trainee has been allowed sufficient time to gain proficiency in these maneuvers, the driver instructor accompanies the driving candidate onto the street to practice these maneuvers in real-life situations and to practice maintaining/changing lanes, maintaining following distance, and freeway/highway driving.

**334.13** The minimum basic time required for controlled driving instruction is 1-112 hours per vehicle. Sufficient vehicles must be available for this instruction.

### **334.2 Vehicle Certification**

**334.21** An *End-of-Training Test*, TD-287D, Part II, Vehicle Operations, is required for each type of vehicle that the employee is expected to drive. If there is both a left-hand-drive (LHD) and right-hand-drive (RHD) model of the vehicle, testing is necessary on only the RHD model of the vehicle. However, substituting other vehicles is not permitted, i.e., successfully completing a TD-287D on a 1-ton RHD vehicle does not certify the driver for operation of a 1/4- or 1/2-ton RHD vehicle. This end-of-training test requirement also applies to rural carriers, rural carrier reliefs, and others who will be driving their own personal vehicles, even though they previously passed the initial road test. Such testing is necessary because the initial road test measures the potential for safe driving, and the end-of-training test measures the individual's ability to apply defensive driving techniques taught during initial driver training.

**334.22** TD-287D must not be conducted on the initial road test course, and the Division Manager, Training/MSD PEDC manager must approve the schematic route for the end-of-training test. The route must not be shorter than 8 miles nor longer than 10 miles. Specifications for route configurations are found in the instructions to examiners section of TD-287D, Course No. 43502-00. Approximately 1/2 hour is required for the administration of each TD-287D.

**334.23** Prior to testing the driving candidate, the driver instructor/examiner should review the individual's Form 5932, *Initial Road Test Checklist*, and *End-of-Training Test*, TD-287C, Part I, Classroom Orientation. After identifying specific deficiencies, the related areas of the vehicle

operations checklist should be annotated. This will assist in determining whether the driver has corrected previously identified deficiencies.

334.24 When a driver commits an error listed on the vehicle operations checklist, place a tally mark next to the item in Column I, and immediately discuss the error with the driver. If the driver commits the same error at any time during the remainder of the test, place a tally mark next to that item in Column II. After completion of the test, total only the tally marks in Column II, and enter the score in the appropriate space.

334.25 A total of five errors or less in Column II is a passing score. However, even if the driver has passed the test, discuss the errors identified in Column II with the driver and have the individual demonstrate the ability to correct the error(s).

334.26 If a driver's score reflects six or more errors in Column II, the driver is ineligible to be certified on that type of vehicle.

### 335 Failure To Pass End-of-Training Tests

The following provisions apply to individuals who fail the written and/or driving tests:

a. *New Hires.* Newly hired employees may be terminated or considered for positions that do not require driving as part of the official duties. Because there is a possibility that probationary driving employees may be terminated, all applicants for driving positions must be informed before an offer of appointment is made that they will be required to pass a written exam at the end of classroom training and a vehicle operation test(s) at the end of controlled driving instruction. If probationary employees are terminated for failure to pass the written test or vehicle operations test(s), they may be considered for future employment in a driving position only by recompeting in an entrance examination and having their name placed on an employment register. However, they can be considered noncompetitively for reinstatement to a nondriving position. In the event that rural carrier relief driving candidates fail TD-287C or TD-287D, they may not be considered for a subsequent rural carrier relief vacancy for a 6-month period.

b. *Potential Driving Employees.* Potential driving employees are ineligible for further consideration to the position sought. For this reason,

at the beginning of the Driver Orientation Course they must be told and must understand that they will be required to pass a written test at the end of classroom training and a vehicle operation test(s) at the end of controlled driving instruction. Potential driving employees may again seek driving positions; if they fail TD-287C or TD-287D a second time, they are ineligible for a 6-month period for further consideration to any vacancy that requires driving. At the end of the 6-month period, they may again seek consideration for positions involving driving responsibilities.

Exception: A TD-287C cannot be used as a controlling factor in determining qualifications of a current employee for promotion to a job with driving responsibilities. (See Article 33, Promotions, of the National Agreement that states, in part, "Written examinations shall not be controlling in determining qualifications.") However, before such an employee is allowed to proceed with the vehicle familiarization phase of training, the driver instructor should review the incorrect answers of TD-287C with the employee to ensure that the correct answers are understood.

c. *Transfers.* Employees who have transferred from another MSC may not be terminated upon failure of TD-287C or TD-287D; however, it is strongly encouraged that such employees be assigned to nondriving positions when available. When nondriving positions are not available and before the employee is licensed, the driver instructor should review the incorrect answers of TD-287C or errors in column II of TD-287D with the employee to ensure that the correct answers are understood and that the driver can demonstrate the ability to correct the driving errors.

### 336 Subsequent Vehicle Certification

If at a later time, employees must drive a type of vehicle other than those on which they initially qualified, they must be given vehicle familiarization, controlled driving instruction, and vehicle certification as outlined in 333 through 335. This provision applies to rural carriers, rural carrier reliefs and rural carrier associates who may have initially been certified to drive their personal LHD vehicle and subsequently have purchased or been furnished an RHD vehicle. Additionally, this provision applies to employees who may have originally qualified on a particular type of vehicle



but who have not operated it in 12 months or more .

### 340 Driver Evaluation

#### 341 When Evaluated

Probationary new drivers and nondriving employees who are reassigned or promoted to positions with driving duties must be evaluated on their driving practices after 30-, 60-, and 80-day periods, or at other appropriate intervals if the driver's probationary period is not 90 days, or if the driver does not drive on a daily basis, as in the case of rural carrier reliefs and associate office clerks who double as carriers. These evaluations and observations are conducted by the driver's immediate supervisor/manager.

#### 342 Forms Used

Probationary new drivers must be evaluated on Form 1750, **Employee Probationary Period Evaluation Report** (Exhibit 342a), and Form 4584, **Observation of Driving Practices** (Exhibit 342b). (Nondriving employees who are reassigned or promoted to positions with driving duties need be evaluated only on Form 4584.) The purpose of these evaluations is to measure and assess the driver's ability to safely and successfully perform the driving duties required for the position.

#### 343 Initial Session

As outlined in the instructions to Form 1750, the probationary driver's supervisor must hold an initial session with the employee during the first week at the worksite to outline clearly performance expectations. During this initial session, the supervisor must stress that safe and defensive driving, as learned during initial driver training, is as important as other tasks of the job.

#### 344 Driver Instructor/Supervisor Interaction

To assist supervisors in this critical aspect of performance evaluations, driver instructors should provide supervisors with generalized information

relating to problems or deficiencies noted during the initial road test and end-of-training tests. (These problems or deficiencies must not be listed or discussed in terms specific to the tests.) Dissemination of this information is important because it will give the driver's supervisor a better idea of those driving practices on which to concentrate during the evaluations. In addition, it is strongly recommended that supervisors and others who routinely conduct street observations be provided appropriate training.

#### 345 Determination of Performance

Prior to the end of the probationary period, careful consideration and determination must be made as to whether the employee's driving performance exceeds, meets, or does not meet the previously agreed upon expectations. This consideration and determination is not based solely on whether the driver has had an accident. Rather it should be based, as a minimum, on the employee's on-duty driving record (accidents/citations), on the employee's ability to improve driving practices identified during the three driving evaluations, and other relevant factors. If an employee has failed to improve previously identified and discussed driving practices, the supervisor must give careful consideration to whether such practices could result in a future accident and whether additional training or administrative action is warranted. Safety and training personnel should be consulted, as necessary, to offer advice and guidance in such determination.

#### 346 Reassigned Employees

Reassigned employees who have previously completed a probationary period prior to being reassigned or promoted to a driving position need be evaluated only on Form 4584 during the initial 30-, 60-, and 80-day intervals. These employees are not subject to the other provisions that affect probationary drivers.

U.S. Postal Service EMPLOYEE PROBATIONARY PERIOD EVALUATION REPORT (See Instructions on Reverse)																											
a. Employee's Name		1 b. Employee ID	1c. Title or D/A	1d. Pay Loc.	2a. Date Appointment	2b. Prob. En.																					
1a. Return JO-Day Report by		3b. Return 60-Day Report by		3c. Return 90-Day Report by																							
Section I Performance Evaluation	<b>Overall Rating at 30 / 60 (circle one) Days</b> Also Rate Specific Factors $\longrightarrow$ <input type="checkbox"/> Meets or Exceeds Expectations at this Time <input type="checkbox"/> Does Not Fully Meet Expectations at this Time <input type="checkbox"/> Fails to Meet Expectations. Separation Recommended. (See NOTE in Instructions.)		<b>Factor Ratings (Circle Number)</b> <table style="margin: auto;"> <tr> <td><b>A</b></td> <td><b>B</b></td> <td><b>C</b></td> <td><b>D</b></td> <td><b>E</b></td> </tr> <tr> <td>2</td> <td>2</td> <td>2</td> <td>3</td> <td>3</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> </tr> <tr> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> </tr> </table> 3 = Exceeds Expectations 2 = Meets Expectations 1 = Does NOT Meet Expectations		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	2	2	2	3	3	1	1	1	2	2				1	1	<b>Final Overall Rating (90-Day Report Only)</b> -Also Rate Specific Factors <input type="checkbox"/> Meets or Exceeds Expectations. Retention is Recommended. <input type="checkbox"/> Does Not Meet Expectations. Separation Recommended. (See NOTE in Instructions.)		
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>																						
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Provide Supporting Comments for Your Factor Ratings & Recommendations																											
Supervisor's Signature		Date		Employee's Signature, Indicating that the Evaluation has been Reviewed																							
Section II Performance Expectations for 4 - ay Period	Factor A: Attendance/Punctuality <span style="float: right;">Factor D: Task Performance</span>																										
	Factor B: Following Directions <span style="float: right;">Factor E: Job Knowledge</span>																										
Factor C: Compliance with Regulations (safety, dress/footwear, conduct)																											
Initial to Indicate that Expectations have been Jointly Discussed:				Session Date:																							

Form 1750, February 1994

1 - Forward to Designated Postal Official

Exhibit 342a (p. 1), Form 1750, Employee Probationary Period Evaluation Report

EL-927, TL-2, February 1989

## INSTRUCTIONS

## Procedure

In addition to the frequent informal feedback necessary for successful management of the probationary period, use this form to conduct the four formal sessions that are required: an initial session, a 30-day session, a 60-day session, and an 80-day session. The sessions are to be participative meetings between you and the new employee. You **MUST** hold the initial session during the employee's first week at the work site. The purpose of this session is to clearly outline performance expectations for the first 30 days. The purpose of the remaining sessions is two-fold: (1) to evaluate performance in terms of the previously agreed upon expectations, and (2) to provide guidance by identifying additional expectations and by developing specific plans to enhance performance levels or correct deficiencies.

At the conclusion of all sessions, both you and the employee **MUST** initial the form to indicate that you have jointly discussed the performance expectations. At the evaluation sessions each of you is to sign in the appropriate space. The employee's signature indicates that the evaluation was reviewed — not that there is agreement with the evaluation.

After the initial session, tear off Section I, Performance Expectations for \_\_\_\_\_-Day Period, of page 2, and give it to the employee. Keep the original and your copy (page 3) on file until the next session.

After completing the evaluation (Section II) at the 30 and 60 day sessions, Section I of another Form 1750 must be completed, and the above process repeated. In addition to identifying new expectations, Section I must be used at these sessions to document specific ways of enhancing performance levels or correcting deficiencies noted during the evaluation. At the end of the session, distribute the completed Form 1750 as indicated: page 1 to the designated postal official; the remainder of page 2 to the employee; and keep the completed page 3 in your files throughout the employee's probationary period. Proper privacy safeguards must be provided for these files.

## Instructions for Setting Expectations

Before the session, think about the specific job requirements, including equipment used and physical demands.

List the types of things you expect a new employee to do and learn in this position. Do not include those tasks which are not typically performed until after the end of the probationary period. Distinguish between those tasks which can be learned quickly and those which require long-term training or experience. Then, use Section I of the form to write down clear and attainable expectations for each factor. These expectations must be objective and job-related.

Reviewing Form 2548, *Individual Training Record*, may be helpful in identifying specific task performance and job knowledge expectations. The importance of regular attendance should be especially stressed. Any position requiring driving duties must include a driving performance expectation in Section I. In addition, a completed Form 4584, *Observation of Driving Habits*, must be attached to this form before forwarding to the designated postal official at 30, 60, and 80 days.

## Instructions for Evaluation

Use Section II of the form for rating the new employee's performance levels in terms of results which *exceed* (3), *meet* (2), or *do not meet* (1) the previously agreed upon expectations. The ratings must take into account the fact that the employee is new to the job, and the performance levels must not be compared with those of experienced workers.

Use the space provided to write down specific supporting comments for both positive and negative ratings. In addition, be prepared with other types of documentation, such as informal notes, input from other supervisors, copies of Form 3971, PEDC scheme progress, EDIT listings, etc.

**NOTE:** If separation is recommended, this form must be forwarded immediately in order to allow sufficient processing time (particularly at 80 days). An employee who is to be separated for scheme failure must be given at least 7 days advance notice of such intent. If the employee qualifies on the scheme within the notice period, the employee cannot be separated for prior scheme failure.

PS Form 1750, February 1994 (Reverse)

Exhibit 342a (p. 2), Form 1750, Employee Probationary Period Evaluation Report

## U.S. POSTAL SERVICE

## OBSERVATION OF DRIVING PRACTICES

## INSTRUCTIONS

*This form, when used correctly, can aid in the elimination of driving practices which cause accidents. All driving practices needing improvement noted below should be discussed with the driver as soon as possible after the observation. Because the primary purpose of conducting observations is to improve driving practices before they result in accidents, discussions with drivers must be positive in nature and include the benefits to be gained from improving driving practices. If a driving observation*

*is determined to require official action, such action will be in accordance with the terms of the National Agreements. To enforce a high standard of professional driving performance, all drivers must be observed at least twice a year, and at other times when appropriate. For probationary drivers this form must be completed at 30-, 60-, and 80-day intervals. (or at other appropriate intervals if the driver's probationary period is not 90 days), and a copy attached to Form 1750, Employee Probationary Period Evaluation Report.*

Name of Driver and Employee ID Number	Time of Observation From T O	Date of Observation
Location of Observation	Vehicle Type	Vehicle No.
		Sta/Br/Ofc

## A. Professional Driving Practices Demonstrated

☐ During this observation, the driver exhibited safe and professional driving practices, and is to be commended.

## B. Driving Practices To Be Improved

<b>STARTING</b> <input type="checkbox"/> Fasten seat belt and/or close door <input type="checkbox"/> Give proper signal when leaving curb <input type="checkbox"/> Look back to check traffic <input type="checkbox"/> Wait for suitable gap in traffic  <b>STEERING AND LANE USAGE</b> <input type="checkbox"/> Keep both hands on wheel <input type="checkbox"/> Keep vehicle in center of lane <input type="checkbox"/> Stay to right of center line <input type="checkbox"/> Stay in one lane as much as possible  <b>LANE CHANGING</b> <input type="checkbox"/> Check for vehicles approaching in intended lane <input type="checkbox"/> Signal lane change <input type="checkbox"/> Change lane so as not to be in another driver's blind spot  <b>SPEED AND FOLLOWING DISTANCE</b> <input type="checkbox"/> Maintain speed of traffic flow not to exceed posted speed <input type="checkbox"/> Adhere to posted speeds in curves <input type="checkbox"/> Maintain 2-second following distance <input type="checkbox"/> Slow down or change lanes when tailgated  <b>RESPONSIVENESS TO WEATHER</b> <input type="checkbox"/> Increase following distance to 3 seconds <input type="checkbox"/> Reduce speed well in advance of intersections <input type="checkbox"/> Reduce speed overall during adverse weather conditions	<b>HIGHWAY/FREEWAY</b> <input type="checkbox"/> Enter at speed of traffic flow <input type="checkbox"/> Select entry gap which minimizes interference with others <input type="checkbox"/> Periodically observe vehicles in adjacent lanes <input type="checkbox"/> Frequently check rear/side mirrors <input type="checkbox"/> Signal intentions well in advance <input type="checkbox"/> Exit at posted speed  <b>PASSING</b> <input type="checkbox"/> Allow sufficient space in which to pass <input type="checkbox"/> Signal to pull out or back in <input type="checkbox"/> Pass where legal (not on hills, curves, intersections, no passing zones) <input type="checkbox"/> Provide 2 seconds following distance to vehicle being passed before pulling back in  <b>STOPPING AND INTERSECTIONS</b> <input type="checkbox"/> Reduce speed at uncontrolled or vision-obstructed intersections <input type="checkbox"/> Observe traffic controls <input type="checkbox"/> Decelerate gradually when stopping <input type="checkbox"/> Check mirror for following traffic <input type="checkbox"/> Tap brake or give hand signal if being followed too closely <input type="checkbox"/> Stop before crosswalk or line <input type="checkbox"/> Look left, right, and left <input type="checkbox"/> Yield to cross traffic	<b>TURNING</b> <input type="checkbox"/> Approach in proper lane <input type="checkbox"/> Signal at least 100 feet in advance <input type="checkbox"/> Turn into proper lane  <b>PARKING</b> <input type="checkbox"/> Curb wheels <input type="checkbox"/> Set park/gear and handbrake <input type="checkbox"/> Turn off ignition <input type="checkbox"/> Lock vehicle  <b>BACKING</b> <input type="checkbox"/> Avoid backing whenever possible <input type="checkbox"/> Look behind vehicle <input type="checkbox"/> Physically turn around while backing <input type="checkbox"/> Back slowly  <b>ATTENTION TO PEDESTRIANS</b> <input type="checkbox"/> Yield right-of-way at all times <input type="checkbox"/> Reduce speed when pedestrian approaches roadway <input type="checkbox"/> Tap horn to alert bicyclist, occupant in parked vehicle, or pedestrian near roadway <input type="checkbox"/> Reduce speed when children observed near schools, parks, or residential areas
Comments		
Title of Observer		Signature

## C. To Be Completed By Driver's Immediate Supervisor

Action Taken	Original 1—PEDC Manager 2—To Driver 3—To Driver's Immediate Supervisor 4—To Local Safety Manager (If a Probationary Driver, Attach to Form 1750 and Forward to the Designated Postal Official Instead of the Safety Manager)
Signature	
Date	

PS Form 4584, Aug. 1984

Exhibit 342b, Form 4584, Observation of Driving Practices

EL-827, TL-2, February 1989

### 350 Refresher Driver Training

Refresher driver training is strongly encouraged for all licensed drivers. It should be based on either (1) local motor vehicle accident experiences and problems or (2) upon those knowledge, skills, and abilities that are necessary for drivers to maintain their professionalism. PEDC course 43502-00, Postal Driver Orientation Course, Tier Two, Refresher Driver Training, is strongly recommended for this instruction. Any of the three versions of the National Safety Council's Defensive Driving Courses are also excellent courses. The refresher driver training may be mandated by the Division or by the local MSC. Such training may be provided on an as-needed basis and/or in conjunction with license renewal.

### 360 Improvement Driver Training

All drivers (including rural carriers and rural carrier reliefs) must receive improvement driver training following a preventable vehicle accident (as defined by the National Safety Council) or, when warranted, based on observations of driving practices that are in need of improvement. PEDC

Course 43502-00, Postal Driver Orientation Course, Tier Three, Driver Improvement Training, is strongly recommended for this instruction. Such training is not to be a disciplinary exercise nor of a general nature. It is to address specific driving deficiencies and must be conducted in a positive manner. If controlled driving instruction is provided as part of the improvement driver training, it must be conducted in the same type of vehicle that the employee was driving at the time of the accident or observation. To be most effective, improvement driver training should be within 10 calendar days of the accident or observation of unsafe driving habit since the events of the occurrence will be more accurately remembered by the driver. It is the responsibility of the driver's supervisor to notify PEDC personnel of an accident or driving observation that requires training in order for such training to be arranged in a timely manner. An end-of-training test, either written and/or driving, also may be required. If an employee fails either test, it is an indication that additional training is warranted. No disciplinary action is to be taken against a driver who fails an end-of-training test following improvement driver training.

## Chapter 4

### Driver Licensing

#### 410 General

Licensing of postal drivers is an integral part of vehicle safety and aids in the reduction of accidents by controlling who is allowed to drive for the Postal Service. The Postal Service driver licensing process has four objectives. These are to:

- a. Document that the driver is certified, i.e., has the necessary knowledge, skill, and ability to drive specific types of vehicles;
- b. Document that the driver is physically fit to drive;
- c. Authorize the driver to drive these vehicles while performing official duties and;
- d. Periodically review and renew the first three objectives.

#### 420 Qualifying Requirements

Applicants and potential driving employees must meet the following qualifications before they can be licensed to drive a motor vehicle in the official performance of their duties:

- a. *2-Year History.* Applicants must have at least 2 years of documented driving experience within the United States or its territories immediately preceding appointment or reassignment (see 246.1).
- b. *Age Requirement.* Applicants must be at least 18 years of age or older and possess a valid State driver's license issued by the State in which the applicant or potential driving employee permanently lives or works.
- c. *Driving Record.* Applicants must demonstrate a satisfactory driving record as defined in the Table of Disqualifications and as evidenced on Form 2480 and the State driving abstract (see 240).
- d. *Initial Road Test.* Applicants must successfully pass the initial road test (see 250).
- e. *Physical Requirements.* Applicants must meet the physical requirements specified in part 133 of Handbook EL-806 and appropriate qualifications standards (see 260).

*f. End-of-Training Tests.* Applicants must complete initial driver training and successfully pass all written and driving end-of-training tests (see 332 and 334).

*g. Vehicles.* Applicants for positions involving the use of 5-ton or greater vehicles must have a State license commensurate with the type(s) of vehicles to be driven on the job and must meet additional experience requirements (see the exception in 255.4).

#### 430 Incidental Drivers

#### 431 Licensing

Incidental drivers, as defined in 120, must be licensed prior to the operation of any passenger-type vehicle (private, leased, or postal-owned) used on official postal business. Incidental drivers who operate other types of vehicles must be licensed contingent upon their meeting the qualifying requirements as specified in 420. Under no circumstances should motorcycles be used as a mode of postal transportation.

#### 432 Qualifying Requirements

Qualifying requirements for licensing of incidental drivers are:

- a. 2 years documented driving experience in the United States and its territories immediately preceding postal licensing;
- b. Possession of a valid State driver's license issued by the State in which the driver permanently lives or works;
- c. Demonstration of a satisfactory driving record as defined in the Table of Disqualifications and as evidenced on Form 2480 and the State driving abstract; and
- d. Acceptable vision as specified in Handbook EL-806, part 133.

### 433 Additional Qualifying Requirements

Supervisory personnel such as Postmasters, Managers, Station and Branch Operations, Superintendents, Postal Operations, etc. who directly supervise driving employees must receive the classroom portion of initial driver training before being licensed. The End-of-Training Test, TD-287C and D, may be required by the MSC Manager/Postmaster or Field Division/Postmaster. In such cases, the optional application of this test requirement must be uniform throughout the MSC/Division.

### 434 License Exemption

Current nondriving employees whose standard position descriptions do not specify driving as part of their official duties, but who are directed to attend and drive to on-the-job training seminars or meetings, are not required to be licensed by the USPS provided they drive their privately owned vehicles.

### 440 Issuance of OF-346

#### 441 Initial Issuance

The initial issuance of an OF-346 (Exhibit 441) should be scheduled so that its expiration date coincides with the expiration date of the State driver's license.

### 442 Preparation

442.1 Upon receipt of the upper portion of Form 4583, *Physical Fitness Inquiry for Motor Vehicle Operators* (see 260, Medical Examination and Assessments), the issuing official (normally the PEDC manager or designee) should transfer the applicable information from Form 4583 onto the OF-346, indicate the name and location of the unit, and sign the OF-346 as the issuing official.

442.2 The driver instructor who administered the end-of-training vehicle operations test should: (a) identify and list on the reverse side of the OF-346 each type of vehicle that the employee has been certified to drive, (b) list all restrictions, and (c) sign as the qualifying official.

### 443 Renewals

443.1 It is the joint responsibility of the issuing official and the employee's supervisor to ensure that the OF-346 is renewed before its expiration date.

443.2 When the OF-346 licensing process is administered to coincide with State expiration dates, the OF-346 should be scheduled to expire a short time after the State license expires. This will ensure that the operator has a valid State license before the OF-346 is renewed. In addition, should the State's vision test results be accepted in lieu of postal vision tests, it will ensure that the operator has passed the State's vision test.

OF 346 11/85 USOPM FPM Chapter 930		<b>U.S. Government Motor Vehicle Operator's Identification Card</b>		Card No.	Restrictions
Name of Operator ( <i>Not Transferable</i> )		Sex	Signature of Operator ( <i>Not valid until signed</i> )		QUALIFIED TO OPERATE
Date of Birth		Social Security No.	Name and Location of Issuing Unit		Type Vehicle and/or Equipment
Height	Weight	Hair Color	Eye Color	Signature and Title of Issuing Official	Capacity
Date Issued		Date Expires		Qualifying Official	
The holder of this card is qualified to operate U.S. Government vehicles and/or equipment specified, subject to the restrictions set forth on the other half of this card. Card must be carried at all times when operating Government vehicles.					OTHER RECORDS ( <i>Optional</i> )
NSN 7540-00-634-3999					50346-I 01

Exhibit 441, Form OF-346, U.S. Government Motor Vehicle Operator's Identification Card

#### **444 OF-346 Surrender**

An OF-346 is surrendered to the issuing official and voided when the employee transfers to a different MSC, is separated, is reassigned to or bids to a nondriving position, or when the OF-346 has expired and a replacement OF-346 is issued.

#### **450 Required Medical Review of Physical Qualifications**

##### **451 Operators of Vehicles 10,000 Pounds GVW or More**

At a minimum of once every 5 years, employees who drive vehicles of 10,000 pounds or more gross vehicle weight (GVW) will be scheduled for a complete medical examination and risk assessment.

##### **452 Operators of Vehicles Less Than 10,000 Pounds GVW**

At a minimum of once every 5 years, employees (including incidental drivers) who drive vehicles less than 10,000 pounds GVW will be scheduled for a vision test. Vision tests are to be performed by postal medical personnel, an employee trained and certified by postal medical personnel, or by an outside source approved by postal medical personnel. Results of vision tests conducted by State motor vehicle offices within the last year are acceptable if the division medical director has reviewed and determined that the State's vision test meets Postal Service requirements.

#### **453 Required Forms**

Prior to the medical examination or vision tests, the issuing official or designee initiates the appropriate forms (Form 4583 for less than 10,000 pounds GVW and Forms 2485 and 4583 for 10,000 pounds or greater) and instructs the driver to complete the appropriate sections.

#### **454 Medical Review**

The USPS medical officer makes a medical assessment of the employee's physical ability to continue driving. Such assessment is based upon the medical examination or vision test results and a review of the individual's medical history. If the medical personnel determine that there is evi-

dence to suggest that a more complete examination is warranted, the medical personnel will make the necessary arrangements with the employee's supervisor.

#### **455 Scheduling Examinations**

All medical examinations should be scheduled sufficiently in advance to allow the physician time to complete and return the required forms. Driving privileges not be renewed until the medical assessment has been completed and received by the issuing official.

#### **460 Suspension and Revocation of Driving Privileges**

##### **461 For Physical Condition**

**461.1** If a US. Postal Service medical officer or other licensed physician finds that an employee's physical condition is such that the employee's driving privilege should be suspended or revoked, the appropriate supervisor should consider suspension until the condition is corrected or under adequate control. If the physical condition is permanent or irreversible, the appropriate supervisor should consider revocation. If at any time there is reason to believe a change in physical condition may have occurred, the USPS may test the employee to see that required physical standards for driving are met. (Procedures for scheduling an employee for a fitness-for-duty examination are found in Handbook EL-31 1, Personnel Operations, subchapter 340, Physical Fitness After Appointment.)

**461.2** An employee must likewise continue to meet the physical standards required to obtain a State driver's license in the State that has granted the license. Employees have a responsibility to inform their supervisors of any changes in physical condition that may adversely impact their driving abilities.

##### **462 For Unsafe Driving**

**462.1** An employee's driving privileges may be suspended or revoked when the on-duty record shows that the employee is an unsafe driver. Elements of an employee's on-duty record that may be used to determine whether the employee is an unsafe driver include, but are not limited to,



traffic law violations, accidents, or failure to meet required physical or operation standards.

462.2 When a suspension, revocation, or reissuance of an employee's driving privileges is under consideration, only the on-duty record may be considered when making the final determination. However, an employee's driving privileges will automatically be suspended or revoked concurrently with any suspension or revocation of State driver's license and restored upon reinstatement. It is the responsibility of the employee to provide documentation that the State license has been reinstated. If such suspension or revocation includes the condition that the employee may operate a vehicle for employment purposes, the driving privileges will not be automatically suspended or revoked. When suspension, revocation, or reissuance of an employee's driving privileges is under consideration based on the on-duty record, such conditional suspension or revocation of the State driver's license may be considered in making the final determination.

### 463 In Case of Accident

**463.1 Review of Driving Privileges.** The employee's driving privileges are reviewed at the time of an accident by the employee's supervisor and/or another official in charge. There are no provisions for the automatic suspension of an employee's driving privilege based on the fact that the employee was involved in a vehicle accident. Rather, the circumstances surrounding each accident are assessed at the time of the accident to determine whether a temporary suspension of driving privileges is warranted.

**463.2 Assessment of Circumstances.** The circumstances surrounding an accident that should be assessed include, but are not limited to, the employee's condition (shock, fatigue, alcohol/controlled substance impairment, or other related physical or emotional condition), the seriousness of the unsafe driving practices, if any, that resulted in the accident, and a determination by the supervisor as to whether the public's or the employee's safety would be jeopardized by allowing the employee to continue driving.

**463.3 Temporary Suspension.** If an immediate determination cannot be made based upon a review of the above, the employee's driving privileges may be withheld temporarily pending completion of the accident investigation. At this

time a final decision to suspend, revoke, or reinstate can be made. The length of time involved in withholding driving privileges pending investigation can vary in each case but must not exceed 14 days. Not later than 14 days, the employee's OF-346 and driving privileges must either be reinstated, suspended for a period of time not to exceed 60 days, or revoked, as warranted. If the decision is to suspend or revoke the employee's OF-346, provide the employee, in writing, of the reason(s) for such action.

**463.4 Decision Criteria.** Decisions to suspend or revoke driving privileges are made after investigation and determination as to whether the driver was at fault (whether the driver's actions were the primary cause of the accident), the driver's degree of error, past driving and discipline records, and/or the severity of the accident. The quality or absence of prior training in a particular driving activity should be considered as well, and the employee's inability to meet USPS physical standards at the time of an accident is also a factor to be considered. The preventability or nonpreventability of an accident as determined by the Safe Driver Award Committee is NOT a factor to be considered in the suspension or revocation of driving privileges. The decision of the Safe Driver Award Committee is for contest purposes only.

### 464 Special Cases

**464.1 Consideration of Suspension or Revocation.** At a minimum, supervisors and/or other officials in charge will consider the suspension or revocation of an employee's driving privileges and/or other appropriate action as documented in the driver's Forms 4.582 and 4.584 when the on-duty driving record indicates the following:

- a. A driver has had two or more at-fault accidents within a 12-month period;
- b. A driver has been convicted of two or more moving traffic violations by civil authorities within a 12-month period;
- c. A driver continues to violate postal driving regulations and/or safe driving practices, rules, and regulations after being individually warned or instructed; or
- d. Retaining the employee on duty may result in damage to USPS property, loss of mail or funds, or the employee may be injurious to himself or others.

**464.2 Requests for Reinstatement.** If an employee requests that a revoked or suspended OF-346 be reinstated, management will review the request and make a decision as soon as possible, but not later than 45 days from the date of the employee's request. If the decision is to deny the request, management must provide the employee with a written decision stating the reason for the decision.

## **465 Reassignment**

When the driving privileges of a bargaining-unit employee are suspended or revoked, every reasonable effort must be made to reassign the employee to nondriving duties in that craft or other crafts.

## **470 Proof of State License**

Drivers must inform their supervisors immediately of the suspension or revocation of their State driver's license. Failure to do so may result in appropriate administrative action. Supervisors must, on a quarterly basis, require drivers to produce their State licenses to verify the existence and continuing validity of the license. Drivers who fail to produce a valid State license must be permitted a reasonable period of time (depending on the reason for not having it) in which to produce it. Drivers who subsequently fail to provide evidence of a State license must not be allowed to drive until the existence and validity of the license is verified; they should be assigned to nondriving duties until the license is produced.

## **480 Commercial Motor Vehicle Safety Act**

Following are some of the provisions of the Commercial Motor Vehicle Safety Act of 1986:

a. No commercial motor vehicle driver for the U.S. Postal Service may possess more than one State driver's license. Exceptions are:

(1) Where a State law enacted before June 1, 1986 requires such a driver to have more than one driver's license. This allows individuals to comply with existing State laws which may require a driver to have multiple State licenses for different vehicle types, such as school buses.

(2) During the 10-day period beginning on the date a driver is issued a driver's license. This exception, which will not be effective after December 31, 1989, allows an individual 10 days to surrender an old license issued by another State.

b. A commercial motor vehicle driver who is found to have committed a traffic violation, in State or out of State, other than parking, in ANY vehicle (including convictions for driving offenses in privately owned vehicles, off the clock ) must within 30 calendar days notify the Driver Instructor Examiner (DIE) of such violation. The DIE will notate the violation (s) on the driver's Form 4582, *Operators Record*. The driver must also (1) notify the State which issued the license of any conviction within 30 days and (2) provide the State with his name, license number, Social Security number, offense, and conviction date.

c. Commercial motor vehicle drivers must immediately notify their manager, prior to the next scheduled duty day, if they: (1) have a driver's license suspended, revoked or canceled by a state for any period, or (2) are disqualified from operating a commercial motor vehicle for any period. The manager will promptly notify the DIE.

d. Any person applying for a position that would require operating a commercial motor vehicle must inform the U.S. Postal Service of all previous employment for the past 10 years as the operator of a commercial motor vehicle. The applicant must complete a Form 4600, *Driver Notification & Compliance Certificate* (see Exhibit 480). The original Form 4600 is to be retained locally by the Driver Instructor Examiner and a copy is given to the driver.

DRIVER NOTIFICATION  
&  
**COMPLIANCE CERTIFICATE**

Note: Original to be retained by the Driver Instructor Examiner,  
(DIE), Copy to Driver.

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"The collection of this information is authorized by 39 USC **401,1001**, and Title XII of Pub. L. **99-570**. This information will be used to determine your qualifications to drive a commercial vehicle. As a routine **use**, this information **may** be disclosed to an appropriate law enforcement agency for investigative or prosecution proceedings, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, to the Equal Employment Opportunity Commission when investigating an EEO complaint, and where pertinent, in a legal proceeding to which the Postal Service is a party. The completion of this form is voluntary: however, if this information is not provided, you will not be permitted to drive **a commercial vehicle**."

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I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new a set of controls over drivers of **commercial** vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating (GVW) over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation become effective July 1, 1987:

- a. No driver may possess more than one license, and the U.S. Postal Service may not use a driver having more than one license. A limited exception is made for drivers who are subject to nonresident licensing requirements of any state. This exception does not apply after December 31, 1989.
- b. A driver convicted of a traffic violation (other than parking) in any vehicle must notify his/her immediate manager, as well as the state which issued the license to the driver of the conviction within 30 days. The immediate manager must promptly notify the DIE.
- c. Any person applying for a job as a commercial vehicle driver must inform the U.S. Postal Service of all previous employment as the driver of a commercial vehicle for the past 10 years. In addition, the driver must also provide any other required information regarding his/her employment history.

PS Form 4600 June 1987

**Exhibit 480 (p. 1), Driver Notification & Compliance Certificate**

- d. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, **must** advise his/her immediate manager next business day after receiving notification. The immediate manager must promptly notify the DIE.

PENALTIES-Any violation of the **above** is punishable **by** a fine not to exceed \$2,500. Willful violation of **(1)** or **(3)**, **above**, or failure to notify the U.S. Postal Service within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, effective July 1, 1987.

Driver's **Name** (print) \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

Driver's Address (Apt/Suite) \_\_\_\_\_

License: State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

I further certify that I have surrendered the following licenses to the state(s) indicated.

State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

Check if applicable:

I further certify that I **am** required by the state of \_\_\_\_\_ to maintain **a** nonresident license.

Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

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

PS Form 4600 June 1987 (Reverse)

**Exhibit 480 (p. 2), Driver Notification & Compliance Certificate**

## Chapter 5

### Road Test Examiner

#### 510 General

Road test examiners (RTEs) are utilized to assist driver instructors/examiners (DIEs) during heavy workload periods or when the DIE is located too far away to perform the function. Since RTEs are usually assigned to delivery units or fleet operations, delivery and fleet managers must support the selection function whenever requested by releasing these employees from their normal duties.

#### 520 Establishing RTE Functions

##### 521 Central Administration of Tests

To the greatest extent possible, initial road tests should be administered by DIEs at the PEDC. When tests cannot be administered in one central location within the MSC, the MSC Supervisor, Training/Division Manager, Training may approve and establish additional testing sites and coordinate the training of employees who are nominated to perform RTE functions,

##### 522 Basis for Additional RTEs

Installation heads who believe that either the geographical location or volume of testing required for their installations (and offices within commuting distance) warrants the need for an RTE will notify the MSC Supervisor, Training/Division Manager, Training. Generally, such requests should not be made unless it is anticipated that the installation (and offices within commuting distance) will administer more than 25 initial road tests per year or that the applicant or potential driving employee will have to travel more than 50 miles to take the test. The notification should include an estimate of the annual number of initial road tests required, the number of associate offices within commuting distance that will also be serviced, if applicable, and an estimate justifying budgetary or other advantages to be gained from the establishment of the function. Included also should be the name of the employee(s) nominated for certification as an RTE. Nominated candidates normally should be em-

ployees (either bargaining- or nonbargaining-unit) with driver training, street supervision, or fleet operations responsibilities. This will help ensure that they have a better understanding and appreciation of the criticality in selecting only those applicants who demonstrate a potential for safe driving.

##### 523 Division Manager, Training, Responsibility

Division Managers, Training/MSC Supervisors, Training, should review the qualification and safety record of nominated candidates to ensure that only qualified employees are selected as RTEs. If the Division Manager, Training/MSC Supervisor, Training, determines that the nominated candidate does not possess the requisite skills and background to become an RTE, the individual's nomination must be voided.

##### 524 Number of RTEs

The Division Manager, Training/MSC Supervisor, Training should limit the number of RTEs authorized so that maximum standardization is achieved in administering the test and so that RTEs do not lose their proficiency from infrequent administration of the test. When considering requests from installation heads for authorization for an RTE, the Division Manager, Training/MSC Supervisor, Training should incorporate the provisions of this paragraph in their determination.

#### 530 Training and Certification

##### 531 Prior to Training

**531.1** RTE classroom training should not be scheduled until the necessary materials are received from NATC. Once materials are received, examinations should be scheduled within 30 days.

531.2 Designated division DIEs will request a copy of the candidate's State driving abstract, have the candidate complete Form 2480, *Driving Record*, and then compare both documents with the Table of Disqualifications. If a candidate's driving record does not meet the requirements in the Table of Disqualifications, the candidate is ineligible for further consideration as a road test examiner until such time as the candidate's driving record does meet the requirements listed in the Table of Disqualifications. This process should be completed well in advance of the classroom training.

531.3 If the candidate's driving history is satisfactory, the candidates will be scheduled for a road test, even if they have previously taken the initial road test and are licensed. This test is administered by either the designated division DIE or by a DIE in the candidate's home office (this includes collateral duty DIEs). After adding up the candidate's score, the examiner *prints* his *full* name and title legibly on the form. This test is administered prior to any classroom training. If the candidate does not pass the test, the candidate is not scheduled for the classroom training and is ineligible for further consideration as an RTE. Regardless of whether the candidate passes or fails, the completed Form 5932 is returned to the designated division DIE.

## 532 Test Administration

**532.1 Duration.** The time allotted for completion of the qualifying examination TD-289C should be no more than 60 minutes.

### 532.2 Forms

532.21 Form 5926, (4 Position) *General Purpose Answer Sheet*, January 1985 edition, should be completed as follows: Ensure that item 4, Test Number, is marked 289; item 5, Test Series, is marked 001; and item 1, Lead Office/Installation I.D., is marked with the finance number of the MSC/Division's main office (see Exhibit 332.22).

532.22 Form 2523, *Time Record Sheet*, January 1985 edition: One completed copy is returned to NTAC and one is retained at the local level (see Exhibit 332.24).

**532.3 Road Test.** After completion of all classroom training and the qualifying examination, each RTE candidate administers a road test (using Form 5932) to another candidate or to the designated DIE. Should this candidate not pass the second test, it may indicate that further training is needed for the RTE candidate who administered the test since the testee initially passed a road test as a qualification for participation in Course No. 43560-00. Scores on this second test, however, are not official since **candidates** have not yet been certified. The designated division DIE is responsible for ensuring that information on both the pretraining and post-training Form 5932 is accurate and legible.

## 533 After Training

**533.1 Materials.** After completion of the training and testing, which normally requires between 12 and 16 hours, return all used and unused materials to the examining specialists. The specialist then returns this material to NTAC by registered mail.

### 533.2 Exhibits

533.21 Exhibit 533.21 is a checklist for use by division DIEs to ensure the security and appropriate handling of materials for the Road Test Examiner Course.

533.22 Exhibit 533.22, *Road Test Examiner Transmittal Checklist*, must be completed and submitted to NTAC with all returned test materials.

**533.3 Certification.** NTAC will score the test material and certify qualified candidates by issuing Form 5909, *Road Test Examiner's Certificate*, Exhibit 533.3, to the designated division DIE for distribution to successful candidates. This authorizes the new RTE to administer and score the Postal Service initial road test. NTAC will also issue *Instructions for Examiners Conducting Road Tests* for distribution to successful candidates. These instructions may be used as a reference document or as a refresher by RTEs, but *must* be secured in a locked file or cabinet. RTEs may administer tests only for vehicles that they are qualified to operate.

### Checklist for Division Driver Instructor Examiners

Use this checklist to make sure you have followed instructions for handling and administering Road Test Examiner Materials:

- ▪ Store your restricted test material in a secure place (includes TD-289A, B, C, and "Instructions for Examiners Conducting Initial Road Test").
- - Schedule examinations promptly. As a general rule, within 30 days of receipt of test materials.
- • Prior to return mailing to NTAC, check:
  - \_\_\_ a. Driving Record (PS Form 2480) and state abstract compared with Table of Disqualifications.
  - \_\_\_ b. Expiration date of permit.
  - \_\_\_ c. Signature of candidate on PS Forms 2480 and 5932.
  - \_\_\_ d. Full name of examiner legibly printed on PS Form 5932.
  - \_\_\_ e. Scores totalled on PS Form 5932 indicating pass/fail.
  - \_\_\_ f. *Road Test Examiner Transmittal Checklist* (Exhibit C) for completeness.
- - Package used and unused test booklets separate from answer sheets.
- • Package used answer sheets, with original time record sheet, between two pieces of cardboard. If more than one package is used, packages should be numbered sequentially with a copy of the warehouse inventory management system picklist in each package annotated to reflect the contents of that package and returned by registered mail to NTAC.

DO NOT schedule an examination unless you have the test material on hand.

DO NOT allow unauthorized persons to conduct examinations.

DO NOT allow anyone except authorized examiners to handle restricted test materials.

DO NOT schedule RTE candidates for DIE training until you have been notified that the candidate has successfully passed the RTE course.

DO NOT destroy test booklets. ONLY NTAC is allowed to destroy restricted test material. Since you are accountable for all restricted test material charged to you, it will be your responsibility for their proper handling.

### Exhibit 533.21, Checklist for Division Driver Instructor Examiners

**Road Test Examiner Transmittal Checklist**

Name of Designated

Division Driver

Instructor-Examiner: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

**Note: The following items must be returned to NTAC for each nominee.**

1 TD-289A, Road Test Examiner Course, No. 43560-00.

1 TD-289B, Questions to Check Yourself on Your Knowledge of Initial Road Test for each candidate.

All TD-289C, Qualifying Examination, used and unused.

1 PS Form 2523, Time Record Sheet.

1 PS Form 2480, Driving Record for each candidate.

1 PS Form 5926, Answer Sheet for each candidate.

1 PS Form 5932, Initial Road Test Checklist administered by DIE prior to training.

1 PS Form 5932, Initial Road Test Checklist administered by candidate after training.

Completed *Road Test Examiner Transmittal Checklist*.

Name of Nominees Examined	SSN	Nominee's Office	Finance #

**Note:** Notice of certification will be sent to the designated Division DIE at the post office listed above.

(This form may be reproduced locally.)

**Exhibit 533.22, Road Test Examiner Transmittal Checklist**



**Driver Instructor/Examiner Certificate**

This certifies that

\_\_\_\_\_

Is qualified as a Driver **Instructor/Examiner** for the United States Postal Service. In this **capacity**, the above mentioned individual is authorized to administer the Initial Road Test to **applicants** for Postal Service Appointment. Signature of this Driver **Instructor/Examiner** on the Initial Road Test Checklist **authenticates** the score as an **official** record of the examination.

The above mentioned individual is also **certified** to conduct training and **vehicle** familiarization for postal employees, and to administer appropriate end of training tests.

When designated by the **regional** Office of Human Resources this Driver **Instructor/Examiner** may train Road Test Examiner **candidates**, conduct the necessary examinations, and submit the **candidates'** names to the National Test Administration Center for certification.

This certificate is issued by the National Test Administration Center.

\_\_\_\_\_  
(Date)

PS Form 5908, August 1988

Exhibit 533.3, Form 5909, Road Test Examiner's Certificate

EL-927, TL-2, February 1989

**533.4 Inquiries.** Address all questions regarding the administration of the road test examiner program to NTAC.

**533.5 Certified Candidate List.** NTAC maintains a list of all individuals who are certified as RTEs.

### **534 Restricted Information**

The qualifying examination TC-289C is restricted, and candidates may not be told anything about their performance on this test other than whether they passed or failed. The nondisclosure of the qualifying examination is covered by Part 266.9(4) of Title 39, Code of Federal Regulations, and by Part 353 of the Postal Service's *Administrative Support Manual*.

### **540 PEDC Functional Guidance**

#### **541 Maintaining List**

Division Managers, Training/MSC Supervisors, Training, will provide functional guidance to and maintain a list of all employees who perform RTE functions within their service areas. This list will also contain the annual number of tests ad-

ministered by each RTE and DIE, including the number of applicants who passed or failed.

#### **542 Decertification**

RTEs who do not conduct a minimum of 10 road examinations each fiscal year will be decertified unless otherwise requested by the Division Manager, Training. DIEs and RTEs who no longer maintain those positions are to be decertified. Notify NTAC by memo requesting decertification of each by name, Social Security number, finance number, postal installation, and reason for decertification.

#### **543 Review Actions**

Division Managers/MSC Supervisors, Training will periodically review the pass/fail ratio of instructors and take action as necessary when there are disparate ratios among RTEs. Such actions might include: (a) scheduling the RTE to review the slide tape presentation contained in Road Test Examiner Course No. 43560-00; (b) scheduling the designated division DIE to review the *Instructions for Examiners Conducting Initial Road Test* with the RTE, or (c) discussing with the examiner why the pass/fail rate is so much higher or lower than that of other examiners.

## Chapter 6

### Driver Instructor/Examiner (DIE)

#### 610 Training and Certification

##### 611 Job Instructor/RTE Certification

Before DIEs are allowed to conduct training and before they can be scheduled for the Driver Instructor and Examiner Training Program No. 43506-00, they must be certified as:

a. Job instructors and successfully complete the Job Instructor Training Program No. 2150500, as outlined in part 135 of Handbook P-23 (the new identifier will be EL-701); and

b. Road test examiners, in accordance with Section 530 in this handbook.

##### 612 Certification of DIEs

All DIEs must satisfactorily complete the Driver Instructor and Examiner Training Program No. 43506-00 to become qualified and certified for this position. This is generally a 40-hour course. Only regional DIEs who are selected by the Regional Employee Relations Programs Analyst, Principal, Human Resources, may instruct this class. After the prospective DIE has successfully completed the required training program, the designated regional DIE instructor will notify NTAC of the DIE's name, Social Security number, and office and finance number. NTAC will issue Form 5908, *Driver Instructor/Examiner Certificate* (Exhibit 612). NTAC maintains a list of all individuals who are certified as DIEs.

##### 613 Designated Division DIEs

At least one, but no more than one, DIE within each Division should be designated by the Field Director, Human Resources, to conduct the necessary training for prospective RTEs. This function is monitored by the Regional Employee Relations Program Analyst, Principal, Human Resources. NTAC maintains a list of all designated division DIEs.

#### 620 Duties and Responsibilities

The primary duties and responsibilities of DIEs are to:

a. Conduct the Postal Service initial road test;

b. Conduct certification training for RTE candidates (when designated as Division DIE);

c. Provide classroom instruction courses to newly assigned operators of motor vehicles and powered industrial equipment;

d. Instruct newly assigned drivers and operators in the proper operation of the various types of motor vehicles and powered industrial equipment used in the Postal Service;

e. Conduct end-of-training driving tests for newly assigned drivers and operators of motor vehicles and powered industrial equipment to determine whether they are qualified;

f. Assist in or personally conduct vision tests, when qualified;

g. Assist in the preparation, issuance, and renewal of Form OF-346, *U.S. Government Motor Vehicle Operator's Identification Card*;

h. Conduct improvement and refresher training courses for drivers;

i. Prepare required reports and maintain records of driver training, tests, accidents, and safe driver awards on Forms 4582 and 2548; and

j. Perform other training-related activities in support of primary duties.

#### 630 Collateral Duty Driver Instructors

In those MSCs without an authorized DIE position, top priority should be given to the careful selection, training, and certification of qualified personnel to act as collateral duty driver instructors. Such individuals should have safe driving records, knowledge of safe and defensive driving techniques, and the ability to effectively instruct. The installation head and the Division Manager, Training/MSD Supervisor, Training, have the joint responsibility and authority to select such

individuals. These individuals, to the greatest extent possible, should also be the same individuals who are used to administer the initial road test in the satellite PEDCs. Collateral duty driver instructors must be qualified and certified in accordance with the provisions of 610. Ideally, these

individuals should be allowed to teach at least three to four times per year to maintain their skills and proficiency. Managers of the collateral duty driver instructors must support the training function whenever requested by releasing these individuals to the PEDC.



## Road Test Examiner's Certificate

This certifies that

\_\_\_\_\_

Is qualified by the United States Postal Service to serve as an Examiner to administer the official road test in its program for the selection of safe drivers of motor vehicles in the Postal Service in accordance with Instructions.

The above individual is hereby authorized to administer the road test to competitors for Postal Service appointment and to check their performance on the official road test score sheet.

This examiner's signature on the road test score sheet will be evidence of the authenticity of the score as an official record of the examination.

This certificate is issued by the National Test Administration Center.

\_\_\_\_\_  
(Date)

PS Form 5909, August 1980

Exhibit 612, Form 5908, Driver Instructor/Examiner Certificate

EL-627, TL-2, February 1969

## Chapter 7

### Requisitioning Driver Selection and Test Materials

#### 710 Authorization To Order

Only certified examinations specialists are authorized to order driver selection and testing materials. Such materials include the initial road test and materials for Postal Driver Orientation Course No. 43502-00 and Road Test Examiner Course No. 43560-00.

#### 720 Materials To Be Ordered

##### 721 Postal Driver Orientation Course No. 43502-00

Since training and testing of new drivers is usually conducted on a routine basis, the materials for Postal Driver Orientation Course No. 43502-00 may be ordered in sufficient quantities to cover the training and testing needs for a 1-year period. However, they must be secured in a locked file or cabinet. The six documents used in this course include:

- a. TD-287A, *Administrator's Guide for End-of-Training Test* (one per instructor);
- b. TD-287B, *Report of Driver End-of-Training Test* (one per trainee);
- c. TD-287C, *End-of-Training, Part I, Classroom Orientation Test* (one per trainee);
- d. TD-287D, *End-of-Training, Part II, Vehicle Operations Test* (one per trainee and vehicle);
- e. Form 2523, *Time Record Sheet* (two per class); and
- f. Form 5926, (4 Position) *General Purpose Answer Sheet* (one per trainee).

##### 722 Road Test Examiner Course No. 43560-00

The eight documents used in this course include:

- a. TD-289A, *Road Test Examiner Course No. 43560-00*. This includes a slide/tape presentation and instructions for conducting the course (one per class).

- b. TD-289B, *Questions to Check Yourself on Your Knowledge of the Initial Road Test* (one per candidate).

- c. TD-289C, *Qualifying Examination* (one per candidate).

- d. *Instructions for Examiners Conducting Initial Road Test* (one per candidate).

- e. Form 2523, *Time Record Sheet* (two per class).

- f. Form 2480, *Driving Record* (one per candidate).

- g. Form 5926, (4 Position) *General Purpose Answer Sheet* (one per candidate).

- h. Form 5932, *Initial Road Test Checklist* (two per candidate).

#### 723 Initial Road Test

The document used for this test is Form 5932, *Initial Road Test Checklist*.

#### 730 How To Order

Order selection and test materials as follows:

- a. The Division Manager, Training/MSC Supervisor, Training, completes Section B of Request for Driver Selection and Testing Materials (Exhibit 730) and submits it in duplicate to the appropriate examinations specialist.

- b. The examinations specialist completes Section A, retains one copy for local filing purposes, and submits the original to NTAC. When the order is filled, NTAC will include a Warehouse Inventory Management System Picklist with the materials.

- c. The examinations specialist verifies and signs for receipt of the material, noting any discrepancies in the remarks portion of the picklist.

- d. The examinations specialist then forwards the material, including a copy of the picklist and of the request, to the Division Manager, Training/MSC Supervisor, Training. If the PEDC is located in a facility other than the Division, the

examinations specialist forwards the material to the Division Manager, Training/MSC Supervisor, Training, by official registered mail.

e. The MSC Supervisor, Training, verifies receipt of the material by signing the picklist and the copy of the request and returns them both to the examinations specialist.

f. The examinations specialist then returns the signed copy of the picklist to NTAC and retains a copy for local filing purposes.

## Request for Driver Selection and Testing Materials

**Section A** (to be completed by Examinations Specialist)

To: National Test Administration Center  
 P.O. Box 4505  
 Alexandria, VA 22303-0505

Date of Request: \_\_\_\_\_  
 MSC Telephone No: \_\_\_\_\_  
 (Note if PEN)  
 MSC/PEDC Responsible  
 For Driver Training \_\_\_\_\_

 From: (MSC Name/Address)
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_

Requester: \_\_\_\_\_

**Section B** (to be completed by Division Manager, Training)

Qty Req'd	Materials	Qty Rec'd
<b>Postal Driver Orientation Course No. 43502-00</b>		
_____	TD-287A, Administrator's Guide for End-of-Training Test	_____
_____	TD-287B, Report of Driver End-of-Training Test	_____
_____	TD-287C, End-of-Training Test, Part I, Classroom Orientation	_____
_____	TD-287D, End-of-Training Test, Part I, Vehicle Operation	_____
_____	PS Form 2523, Time Record Sheet	_____
_____	PS Form 5926, Answer Sheet	_____
<b>Road Test Examiner Course No. 43560-00</b>		
_____	TD-289A, Road Test Examiner Course No. 43560-00 (one per class)	_____
_____	TD-289B, Questions to Check Yourself (one per candidate)	_____
_____	TD-289C, Qualifying Examination (one per candidate)	_____
_____	instructions for Examiners (one per candidate)	_____
_____	PS Form 2480, Driving Record (one per candidate)	_____
_____	PS Form 2523, Time Record Sheet (two per class)	_____
_____	PS Form 5926, Answer Sheet (one per candidate)	_____
_____	PS Form 5932, Initial Road Test Checklist (two per candidate)	_____
<b>Driver Selection</b>		
_____	PS Form 5932, Initial Road Test Checklist	_____

 \_\_\_\_\_  
 Signature of Division Manager,  
 Training-When ordering)

 \_\_\_\_\_  
 Signature of Division Manager  
 Training-Verifying receipt of material

**Section C** (to be completed by Examinations Specialist)

Remarks:

<b>For NTAC Use Only</b> Date Shipped: _____ Signature: _____	<b>Receipt by Examining Specialist</b> Date Shipment Received _____ Signature Exam. Spec. _____ .... Check if Error(s) found in shipment. Note discrepancies in remarks section.
---------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(This form may be reproduced locally)

### Exhibit 730, Selection B Request for Driver Selection and Testing Materials



## Chapter 8

### Powered Industrial Equipment

#### 810 Selection Policy

##### 811 State License

Selection policies that apply to motor vehicle operators do not apply to individuals who are being considered for powered industrial equipment operator positions. Specifically, powered industrial equipment operators do not have to possess a valid State driver's license. Consequently, there is no requirement to obtain a State driving abstract, compare it with the Table of Disqualification, or administer an initial road test. Operation of powered industrial equipment that is powered by electric motor (battery) or internal combustion (flammable gases) requires the operator to have an appropriately endorsed OF-346 regardless of whether the operator walks behind or rides on the equipment to guide it.

##### 812 Physical Requirements

**812.1 General.** There are minimal physical requirements affecting who may be selected to operate powered industrial equipment.

**812.2 Vision.** Individuals must be able to read typewritten material without strain and have vision of at least 20/40 (Snellen) in one eye; glasses or contact lenses are permitted. Individuals who are blind in one eye are eligible for consideration provided they have vision of at least 20/40 (Snellen) in the remaining eye, with or without glasses or contact lenses.

**812.3 Physical Handicaps.** Persons who have physical handicaps may not be automatically disqualified from operating powered industrial equipment. The degree of functional impairment

must be considered, and body extremities must be sufficiently functional to permit safe operation. Persons with epilepsy, diabetes mellitus, hypertension, cardiovascular disease, convulsive disorders, etc. may be authorized as powered industrial equipment operators provided that the condition is kept under control, as evidenced by medical documentation. Specific questions should be referred to the local postal medical officer or contract physician. Also see 130, 140, and 150 in Handbook EL-806, *Health and Medical Services*.

#### 820 Training

##### 821 Forklift

Training requirements for any employee who will operate powered industrial equipment are found in Handbook P-23 (the new identifier will be EL-701).

#### 830 Licensing

##### 831 Initial Issuance

The initial issuance of an OF-346 for powered industrial equipment must be valid for no longer than a 4-year period. Operators of powered industrial equipment who are restricted to off-street driving should have the notification Restricted to Off-Street Driving indicated on their OF-346s.

##### 832 Renewal Requirement

A vision test is required prior to the renewal of driving privileges for powered industrial equipment.

### 833 Suspension and Revocation

The driving privileges for powered industrial equipment may be suspended or revoked for the following reasons:

- a. If a USPS medical officer or other licensed physician finds that an employee's physical condition warrants such suspension or revocation;
- b. If an employee continues to operate powered industrial equipment in an unsafe manner after being individually warned or instructed;
- c. If an operator has been involved in two or more at-fault powered industrial equipment accidents within a 12-month period; or
- d. If allowing the employee to continue operating powered industrial equipment may result in damage to USPS property, loss of mail or funds, or injury to the employee or others.

## Appendix A

### Where to Obtain State Driving Abstracts

#### Alabama

**Address:** Driver License Division, Certification Section, P.O. Box 1471, Montgomery, AL 36102-1471.

**Information Provided:** Accidents, traffic convictions, suspensions, and revocations.

**Fee: \$4 per abstract.** Make checks payable to Department of Public Safety.

**Of Special Note:** Provide the individual's name, date of birth, and driver's license number. Standard request forms required for frequent users.

#### Alaska

**Address:** Department of Public Safety, Drivers License Section, Pouch N., Juneau, AK 99801 (+ 4 not available).

**Information Provided:** Accidents, traffic convictions, suspensions, and revocations. Information covers 3 years for routine offenses and 5 years for serious offenses.

**Fee:** \$2 per abstract. Payments by cash or check must accompany the request. Make checks payable to Department of Public Safety.

**Of Special Note:** Provide the individual's name, date of birth, driver's license number, and signed release from driver with the fee enclosed.

#### Arizona

**Address:** Arizona Department of Transportation, Motor Vehicle Division, 1801 W. Jefferson St., Phoenix, AZ 85007-3204.

**Information Provided:** Accidents, traffic convictions, suspensions, and revocations.

**Fee: \$5 per abstract.** Certified copy, \$5. Make checks payable to Motor Vehicle Division.

**Of Special Note:** Use of standardized form required. Purpose of request must be stated.

#### Arkansas

**Address:** Office of Driver Services, Traffic Violations Report Unit, P.O. Box 1272, Little Rock, AR 72203-1272.

**Information Provided:** Traffic violations, convictions, suspensions, revocations, and accidents where individual is at fault.

**Fee:** \$5 per abstract. Make check or money order payable to Department of Finance and Administration.

**Of Special Note:** Individual must sign release giving Office of Driver Services authorization to release the abstract. Provide the individual's name, date of birth, and driver's license number. Standardized request forms and release cards available from the Department.

#### California

**Address:** Department of Motor Vehicles, P.O. Box 11231, Sacramento, CA 95813-1120.

**Information Provided:** Accidents, traffic convictions, suspensions, and revocations.

**Fee:** Abstract search by name and driver's license number--\$1; abstract search by name and birth date--\$2. Make checks payable to the California Department of Motor Vehicles.

**Of Special Note:** Replies may be on automated printout or manually produced. Provide the individual's date of birth, current address, or California license number. Standardized form required. Contact above address for sample form and instructions for use.

#### Colorado

**Address:** Colorado Department of Revenue, Motor Vehicle Division, Master File Section, 140 West 6th Ave., Denver, CO 80204-5195.

**Information Provided:** Accidents, traffic convictions, suspensions, and revocations. Accidents recorded only if citation is issued.

**Fee:** \$2 per abstract (certified, \$50 additional). Make checks payable to Colorado Department of Revenue.

### Connecticut

**Address:** Department of Motor Vehicles, Copy Record Section, 60 State Street, Wethersfield, CT 06109-1896.

**Information Provided:** Accidents, traffic convictions, suspensions, and revocations.

**Fee:** \$5 per driving record; \$6 per accident record. Separate checks requested for driving record and accident record. Make check(s) payable to Commissioner of Motor Vehicles.

**Of Special Note:** Provide the individual's name, date of birth, address, and license number.

### Delaware

**Address:** Motor Vehicle Department, P.O. Box 698, Driver's License Section, Dover, DE 19903-0698, Attn.: Sandra O'Brien.

**Information Provided:** Accidents, suspensions, and revocations, and traffic convictions from all states except CT, MD, OH, and PA.

**Fee:** \$4 per record. Make checks payable to Motor Vehicle Department.

**Of Special Note:** Provide the individual's name, date of birth, and driver's license number (if available). If more than three requests are made at one time, required information must be in separate columns..

### District of Columbia

**Address:** D.C. Department of Transportation--Bureau of Motor Vehicle Services, 301 C St., NW., Washington, DC 20001-2127.

**Information Provided:** Accidents, traffic charges, dispositions, suspensions, and revocations in lieu of traffic convictions.

**Fee:** \$2 per abstract. Make checks payable to Treasurer, District of Columbia.

**Of Special Note:** Provide the individual's full name, date of birth, address, sex, driver's license number, and Social Security number. Prescribed forms available from above address.

### Florida

**Address:** Drivers License Division, Department of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32301-3640.

**Information Provided:** Accidents, traffic convictions, suspensions, and revocations.

**Fee:** \$2 (3-year abstract), \$3 (7-year abstract); \$3 for certified copy of driving record (three or seven year). Payable to Division of Driver Licenses.

**Of Special Note:** Request must be submitted on standardized forms. For sample form and instructions for use, contact the Drivers License Division

### Georgia

**Address:** Department of Public Safety, Drivers Services Section, P.O. Box 1456, Atlanta, GA 30301-1456, c/o Merit Rating.

**Information Provided:** Accidents, traffic convictions, suspensions, and revocations.

**Fee:** \$3 for 3-year abstract; \$3.50 for 7-year abstract. Make checks payable to the Department of Public Safety.

**Of Special Note:** Individual must sign release giving Department of Public Safety authorization to release the abstract. Requests must be in written form listing the individual's name, date of birth, and license number.

### Hawaii

**Address:** District of the First Circuit, State of Hawaii, Violations Bureau, 842 Bethel St., Honolulu, HI 96813-4305.

**Information Provided:** Driver record data.

**Fee:** \$2 per abstract.

**Of Special Note:** Individual must sign release giving the Violations Bureau authorization to release the abstract. Provide the individual's name, date of birth, address, and license number (same as Social Security number).

### Idaho

**Address:** Idaho Transportation Department, Driver License Unit, P.O. Box 34, Boise, ID 83731-0001.

**Information Provided:** Traffic convictions, and suspensions and revocations, traffic.

**Fee:** \$3 per abstract; \$6 certified abstract.

**Of Special Note:** Provide the individual's name (including middle name), license number, and date of birth. Postal Service may file standard authorization to obtain driver abstract, or each individual may complete prescribed affidavit authorizing release of information.

### Illinois

**Address:** Secretary of State, Driver Services Department, Driver Analysis Section, 2701 South Dirksen Parkway, Springfield, IL 62703-3556.

**Information Provided:** Restrictions, issues and expiration dates, and traffic law violations.

**Fee:** \$2 per abstract; \$4 for certified abstracts. Make checks payable to Secretary of State.

**Of Special Note:** A standardized form is required for each driver's abstract. Copies of the form for reproduction purposes are obtainable from the above. Provide the individual's first name, middle initial, and last name, full date of birth, sex, and driver's license number.

### Indiana

**Address:** Bureau of Motor Vehicles, Paid Mail Section, Room 416, State Office Bldg., Indianapolis, IN 46204-2208.

**Information Provided:** Traffic convictions, suspensions, and revocations.

**Fee:** \$4 per abstract. Make check payable to Indiana Bureau of Motor Vehicles.

**Of Special Note:** Provide the individual's name, birthdate, and driver's license number. Form for inquiries available, but use is not required.

### Iowa

**Address:** Department of Transportation, Record Section, Lucas State Office Bldg., Des Moines, IA 50319-0001.

**Information Provided:** Accidents, traffic convictions, suspensions, and revocations other than traffic.

**Fee:** \$4 per abstract. Make checks payable to Department of Transportation.

**Of Special Note:** Provide the individual's name, date of birth, and driver's license number.

### Kansas

**Address:** Division of Vehicles, Driver Control Bureau, State Office Building, Topeka, KS 66626-0001.

**Information Provided:** Accidents (in-state only), traffic convictions, suspensions, and revocations.

**Fee:** \$1 per abstract. Make checks payable to Division of Vehicles. Fee must accompany request.

**Of Special Note:** Form available from agency, but use is not required. Provide the individual's name, date of birth, driver's license number, and affidavit asserting employer/employee relationship and that request is in connection with employment.

### Kentucky

**Address:** Division of Driver Licensing, New State Office Building, Frankfort, KY 40601 (i-4 not available).

**Information Provided:** Traffic convictions (within 3 years of convictions, does not include out-of-state speeding), suspensions, and revocations.

**Fee:** \$3 per abstract.

### Louisiana

**Address:** Department of Public Safety, Office of Motor Vehicles, P.O. Box 64886, Baton Rouge, LA 70896-4886.

**Information Provided:** Traffic convictions, accident involvement (where liability has been determined), suspensions, and revocations.

**Fee:** \$15 per abstract; ONLY money orders and cashiers checks accepted. Make checks payable to Office of Motor Vehicles.

**Of Special Note:** Provide the individual's name, date of birth, address, sex, driver's license number. Prescribed forms available from above address.

## Maine

**Address:** Secretary of State, Motor Vehicle Divisions, Child Street, Augusta, ME 04333 (+4 not available).

**Information Provided:** Accident involvement (in-state only), accidents at fault, traffic convictions, suspensions, and revocations.

**Fee:** \$4 per abstract. Make checks payable to Treasurer of State.

**Of Special Note:** Provide the individual's name and date of birth.

## Maryland

**Address:** Motor Vehicle Administration, Driver Records Division, 6601 Ritchie Highway, NE., Glen Burnie, MD 21062-0001.

**Information Provided:** Accident involvement (in-state only), traffic convictions (information on out-of-state convictions limited to DWI, driving while suspended or revoked, manslaughter, speeding more than 30 mph over limit), and suspensions and revocations, traffic.

**Fee:** \$2 per abstract. Make checks payable to Motor Vehicle Administration.

**Of Special Note:** Provide the individual's name, driver's license number, and date of birth. Standardized form required--obtain sample from address above.

## Massachusetts

**Address:** Registry of Motor Vehicles, Court Records Section, 100 Nashua St., Boston, MA 02114-1 197, Attn.: Maurice Remy.

**Information Provided:** Limited records available furnishing current status of license only.

**Fee:** \$5--Make checks payable to Registry of Motor Vehicles. Prepaid requests for driving records may be purchased at \$50 a block, 10 requests to each block.

**Of Special Note:** Provide the individual's name, date of birth, address, license number. In accordance with a ruling of the attorney general, driver license information can be obtained only by license holder. An individual may obtain a complete copy of his own driving record by submitting a notarized request; said record will be returned to him.

## Michigan

**Address:** Michigan Department of State, Bureau of Driver and Vehicle Services, Commercial Look-Up Unit, 7064 Crowner Drive, Lansing, MI 48918-0001.

**Information Provided:** Accident involvement (in-state only, if there is a conviction), traffic convictions, suspensions, and revocations.

**Fee:** \$6 per abstract; certified copy \$7 per abstract. Make checks payable to State of Michigan.

**Of Special Note:** Provide the individual's name and date of birth and/or Michigan driver's license number.

## Minnesota

**Address:** Minnesota Department of Public Safety, Driver's License Office, Room 108, State Highway Building, St. Paul, MN 55155-0001.

**Information Provided:** Traffic convictions and current status of license.

**Fee:** \$4 per abstract; \$5 for certified copy. Make checks payable to State Treasurer.

**Of Special Note:** Standardized form in duplication required. Provide Minnesota driver license number and name of the individual or full name and date of birth.

## Mississippi

**Address:** Mississippi Highway Safety Patrol, Driver License Record Bureau, P.O. Box 958, Jackson, MS 39205-0958.

**Information Provided:** Accident involvement (in-state only, if traffic conviction), traffic convictions, suspensions, and revocations.

**Fee:** \$5 per abstract. Make checks payable to Commission of Public Safety, Driver Service Division.

**Of Special Note:** Provide the individual's name, address, driver's license number, date of birth, and sex. Obtain standardized form from address above.

## Missouri

**Address:** Bureau of Drivers License, Department of Revenue, P.O. Box 200, Jefferson City, MO 65 105-0200.

**Information Provided:** Accident involvement (not all inclusive), traffic convictions, suspensions, and revocations.

**Fee:** \$1 per abstract. Make checks payable to Department of Revenue. Billing service provided to large-volume requesters.

**Of Special Note:** Provide the individual's name, month, day, and year of birth, sex, and driver's license number. Recommended forms available from above to be used by requester.

## Montana

**Address:** Driver Services Bureau, 303 South Roberts, Helena, MT 59620-5208.

**Information Provided:** Accident involvement only if person was **issued a** traffic citation, traffic convictions, suspensions, and revocations.

**Fee:** \$2 per abstract. Make check payable to Driver Service Bureau.

**Of Special Note:** Requests must be made on standardized form. Copies of this form for reproduction purposes are available from the above. Provide individual's name, date of birth, and Montana driver license number.

## Nebraska

**Address:** Department of Motor Vehicles, Driver Records Section, P.O. Box 94789, State Office Bldg., Lincoln, NE 68509-4789.

**Information Provided:** Accident involvement (in-state only), traffic convictions, suspensions, and revocations.

**Fee:** \$1.75 each abstract.

**Of Special Note:** Provide the individual's name, as it appears on the license, date of birth, and operator's license number. Self-addressed return envelope with sufficient postage required.

## Nevada

**Address:** Department of Motor Vehicles, Records Section, 555 Wright Way, Carson City, NV 89701-0001.

**Information Provided:** Accident involvement, traffic convictions, suspensions, and revocations.

**Fee:** \$3 per abstract; \$5 for certified record. Make checks payable to Department of Motor Vehicles.

**Of Special Note:** Provide the individual's name and Social Security number.

## New Hampshire

**Address:** Division of Motor Vehicles, Driver Record Research Unit, 85 Loudon Road, Concord, NH 03305-0001.

**Information Provided:** Accident involvement--3 years, include date and location (in-state only); traffic convictions--7 years, include date of conviction and court location.

**Fee:** \$5 per abstract. Make checks payable to the State of New Hampshire--DMV.

**Of Special Note:** Request must be made in writing or in person. Provide the individual's name and complete date of birth.

## New Jersey

**Address:** New Jersey Division of Motor Vehicles, Driver Record Abstract Section, 137 East State Street, Trenton, NJ 08666-0001.

**Information Provided:** Accident involvement (in-state only), traffic convictions, suspensions, and revocations.

**Fee:** \$5 per certified copy of abstract, \$100 per book of 100 requests for uncertified copies. Contact above address for further information on these books. Make checks or money orders payable to New Jersey Division of Motor Vehicles.

## New Mexico

**Address:** Transportation Department, Driver Services Bureau, Manuel Lujan, Sr. Bldg., Santa Fe, NM 87503-5622.

**Information Provided:** Accident involvement, accidents at fault, traffic convictions, suspensions, and revocations.

**Fee:** Abstract of driver's license or driver's record for the preceding 3 years, \$4. Make checks payable to Motor Vehicle Division.

**Of Special Note:** Driving abstracts available for 3 years only.

### New York

**Address:** Department of Motor Vehicles, Public Service Bureau, Empire State Plaza, Albany, NY 12228-0001.

**Information Provided:** Abstract of operating record, including driver's name, address, date of birth, driver's license information and expiration date, accident record and accident case numbers, traffic convictions, and suspension and revocation information.

**Fee:** \$2 per abstract, additional \$.50 if certification is required. Make checks payable to Commissioner of Motor Vehicles.

**Of Special Note:** Provide the individual's name, date of birth, and driver's license number (if known). Standardized form required--obtain from Inventory Control Unit, Department of Motor Vehicles, Swan Street Building, Albany, NY 12228-0001.

### North Carolina

**Address:** Driver License Section, Division of Motor Vehicles, 1100 New Bern Avenue, Raleigh, NC 27697-0001.

**Information Provided:** Traffic convictions, suspensions, and revocations.

**Fee:** \$4 for copy of abstract; \$7 for certified copy. Make checks payable to Division of Motor Vehicle. Advise if 7-year record is needed.

**Of Special Note:** Form DL-49A, prescribed for making requests, is furnished by the State. Authorization of licensee required. Provide the individual's name, date of birth, and North Carolina driver's license number. For information concerning accident involvement, contact Collision Reports and Evaluation Section, Division of Motor Vehicle, 1100 New Bern Avenue, Raleigh, NC 27697-0001.

### North Dakota

**Address:** Drivers License Division, 600 East Boulevard Avenue, Bismarck, ND 58505-0001.

**Information Provided:** Traffic convictions, suspensions, revocations, restrictions, and cancellations. Information available for last 3 years only.

**Fee:** \$2 per abstract. Make checks payable to Drivers License Division.

**Of Special Note:** Provide individual's name, date of birth, address, and driver's license number if available. May be submitted in letter form. North Dakota does not release records that have two points or less.

### Ohio

**Address:** Bureau of Motor Vehicles, MVOS, P.O. Box 16520, Columbus, OH 43216-6520.

**Information Provided:** A 3-year prior record of moving violations and accident involvement (in-state only).

**Fee:** \$1 per abstract. Make checks payable to Treasurer, State of Ohio.

**Of Special Note:** Provide the individual's name, address, date of birth, Social Security number, and driver's license number.

### Oklahoma

**Address:** Driver Records Service, Oklahoma Department of Public Safety, P.O. Box 11415, Oklahoma City, OK 73136-0415.

**Information Provided:** Accident involvement, traffic convictions, and suspensions and revocations other than traffic.

**Fee:** \$5 per abstract. Make checks payable to Department of Public Safety.

**Of Special Note:** Provide the individual's name, date of birth, and driver's license number.

### Oregon

**Address:** Motor Vehicle Division, 1906 Lana Avenue, Salem, OR 973 14-0001.

**Information Provided:** Accident involvement (in-state only), traffic convictions (past 3 years), and current suspensions and revocations.

**Fee:** Court print, \$2 for 5-year abstract. Make checks payable to Oregon Motor Vehicles Division.



**Of Special Note:** Request **supply** of Form 48 for volume use. Provide the individual's name, birth date, and driver's license number. Employment record does not include convictions for major offenses or convictions of the energy conservation speed limit. Nonemployment driver record does not include convictions of the energy conservation speed limit. Employment driving records must be specifically requested or only nonemployment record will be provided. Current suspensions will show only on nonemployment record.

### Pennsylvania

**Address:** Pennsylvania Department of Transportation, Bureau of Motor Vehicles and Licensing, Information Sales Section, Transportation and Safety Building, Harrisburg, PA 17122 (+4 not available).

**Information Provided:** Accident involvement (in-state only), traffic convictions, and suspensions and revocations, traffic.

**Fee:** \$5 per abstract; certified, \$10. Payable to Pennsylvania Department of Transportation.

**Of Special Note:** Use of Form DL502A required. Obtainable from Department. Each request must be accompanied by signed release to comply with privacy laws. Provide the individual's name, date of birth, driver's license number, name of requester, and reason for request (E = Employment).

### Rhode Island

**Address:** Registry of Motor Vehicles, 345 Harris Avenue, Room 212, Providence, RI 02909-1017.

**Information Provided:** All of the driver's violations, convictions, suspensions, revocations, and accidents.

**Fee:** \$3 per abstract. Make checks payable to Registry of Motor Vehicles.

**Of Special Note:** Provide the individual's name, address, date of birth, and license number.

### South Carolina

**Address:** South Carolina Department of Highways and Public Transportation, Driver Record Check Section, Room 201, Columbia, SC 29216-0001.

**Information Provided:** Accident involvement (in-state only), traffic convictions, suspensions, and revocations.

**Fee:** \$4 per abstract. Make checks payable to South Carolina Department of Highways and Public Transportation.

**Of Special Note:** Use Form DL-15, available from **above**. Provide individual's name, date of birth, and driver's license number.

### South Dakota

**Address:** Department of Public Safety, Driver Improvement Program, 118 West Capitol, Pierre, SD 57501-2080.

**Information Provided:** Accident involvement (in-state only), traffic convictions, suspensions, and revocations.

**Fee:** \$4 per abstract. Make checks payable to the Department of Public Safety. Standardized form must be used.

**Of Special Note:** Provide the individual's name, date of birth, and driver's license number. Sample forms are available from Department of Public Safety.

### Tennessee

**Address:** Department of Safety, Andrew Jackson Building, Nashville, TN 37219-0001.

**Information Provided:** Accident involvement (in-state only), traffic convictions, suspensions, and revocations.

**Fee:** \$4 per abstract. Make checks payable to Department of Safety.

**Of Special Note:** Provide the individual's name, date of birth, and driver's license number.

### Texas

**Address:** Texas Department of Public Safety, License Issuance and Driver Records, P.O. Box 4087, Austin, TX 78773-0001.

**Information Provided:** Accident involvement (in-state only), traffic convictions (DWI-only out-of-state conviction reported), suspensions, and revocations.

**Fee:** \$3 each; 100 or more at one time on data processing cards \$2.50 each; certified \$5 each. Obtain sample copy of standardized form and instructions for requesting records from address above. Make checks payable to Texas Department of Public Safety.

**Of Special Note:** Provide the individual's name, date of birth, and driver's license number.

## Utah

**Address:** Drivers License Services, 4.501 South 2700 West, Salt Lake City, UT 84119-5997.

**Information Provided:** Traffic accidents where a conviction has resulted, traffic convictions, suspensions, and revocations. No records for any interstate speed violations under 71 mph will be provided unless accompanied by a written release from the person whose record is requested.

**Fee:** \$3 per person. Make checks payable to Driver License Division,

**Of Special Note:** Provide the individual's name, date of birth, driver's license number, and address. Prescribed forms available from above address.

## Vermont

**Address:** Agency of Transportation, Department of Motor Vehicles, Montpelier, VT 05602 (+ 4 not available).

**Information Provided:** Accident involvement (in-state only), traffic convictions (in-state only), suspensions, and revocations.

**Fee:** \$4 for a 3-year abstract; \$5 for a complete history. Make checks payable to Vermont Department of Motor Vehicles.

**Of Special Note:** Provide the individual's name, date of birth, address, and driver's license number.

## Virginia

**Address:** Division of Motor Vehicles, Driver Licensing and Information Department, P.O. Box 27412, Richmond, VA 23269-0001.

**Information Provided:** Accident involvement (in-state only), traffic convictions, suspensions, and revocations.

**Fee:** \$3 per abstract; \$5 for certified abstract. Make check or money order payable to Virginia DMV for each abstract. No charge for driving records requested in accordance with Department of Transportation regulations or for employment.

**Of Special Note:** Provide the individual's name, date of birth, sex, and driver's license number (if available). Authorization of licensee should be kept by employer.

## Washington

**Address:** Department of Licensing, Records/Reporting Section, Driver Services, Olympia, WA 98504-0001.

**Information Provided:** Accident involvement (in-state only) and traffic convictions.

**Fee:** \$4.50 per abstract.

**Of Special Note:** Provide individual's name, date of birth, and driver's license number.

## West Virginia

**Address:** Driver Improvement Division, West Virginia Department of Motor Vehicles, 1800 Washington Street East, Charleston, WV 25317-0001.

**Information Provided:** Traffic convictions, suspensions, and revocations.

**Fee:** \$5 per abstract. Make checks payable to West Virginia Department of Motor Vehicles.

**Of Special Note:** Provide the individual's name and operator or chauffeur's license number. Request must indicate a check is being made for employment purposes. Request form available from department, but **use** is not required.

## Wisconsin

**Address:** Wisconsin Department of Transportation, Driver Record File, P.O. Box 7918, Madison, WI 53707-7918.

**Information Provided:** Accident involvement, traffic convictions, suspensions, and revocations.

**Fee:** \$2 per abstract. Make checks payable to Wisconsin Department of Transportation. Form MVD 3325 must be on file for employer.

**Of Special Note:** Provide individual's name, date of birth, and current address. Obtain sample of standardized form (MVD-33325-74) from above address.

## Wyoming

**Address:** Wyoming Department of Revenue, Motor Vehicle Division, Cheyenne, WY 82002-0001.

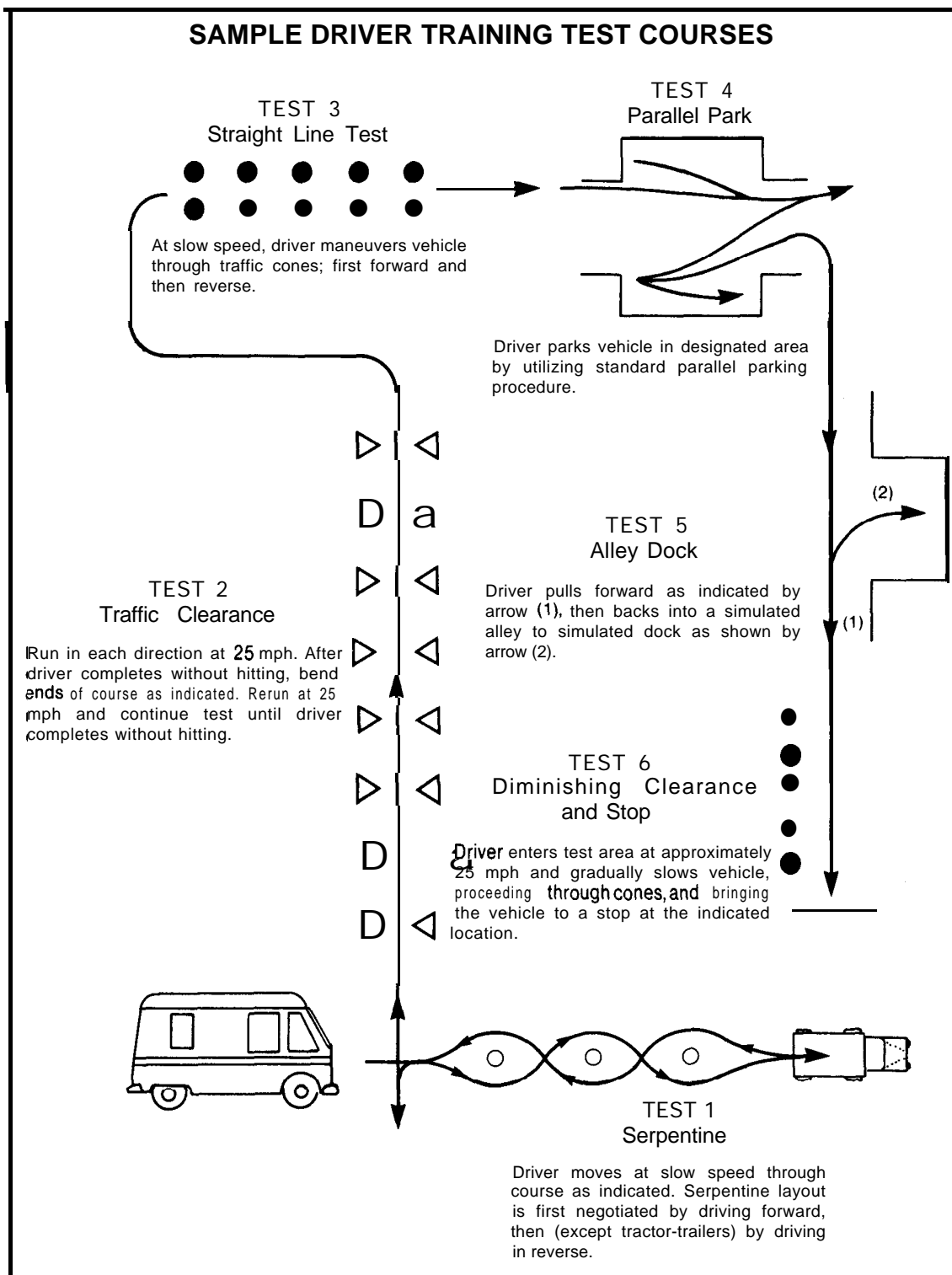
**Information Provided:** Accident involvement, traffic convictions, suspensions, and revocations.

**Fee:** \$2 per abstract. Make checks payable to Wyoming Department of Revenue.

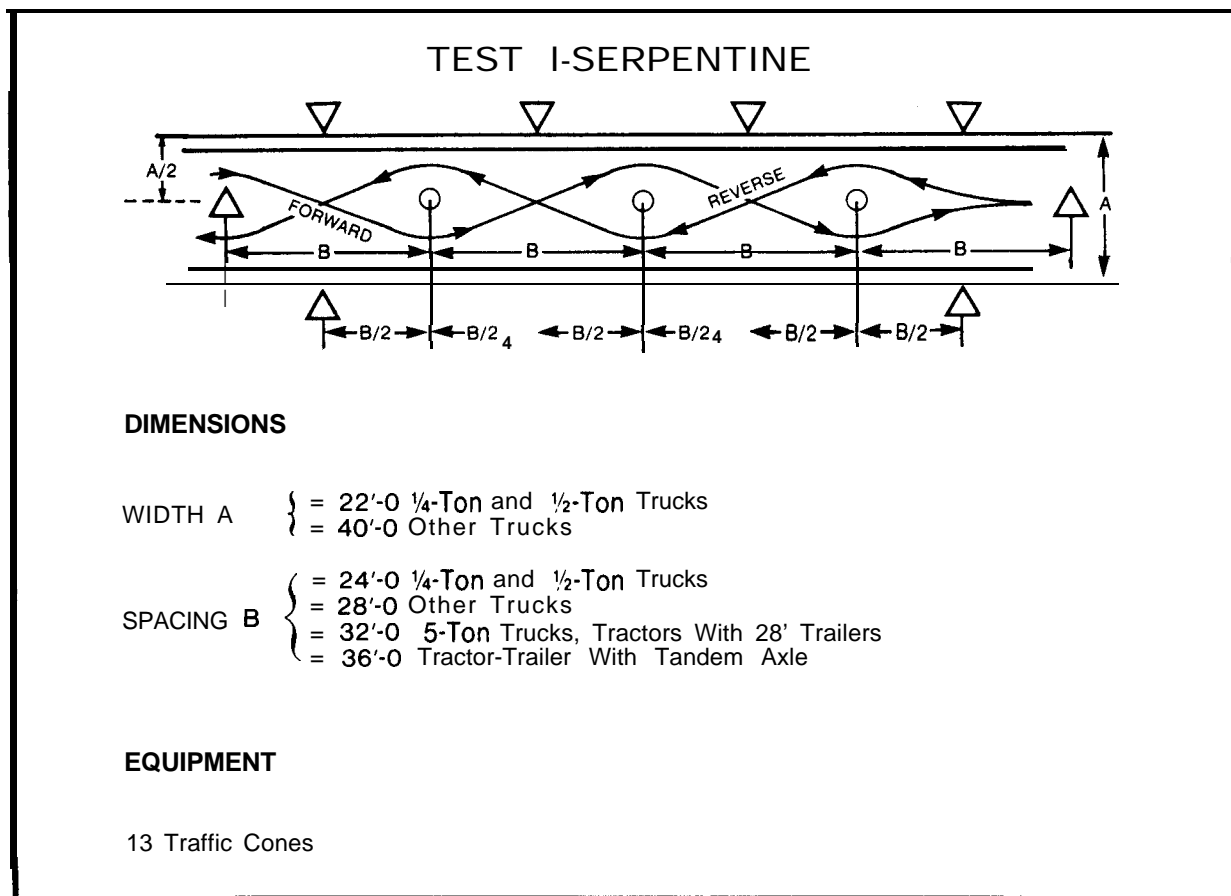
**Of Special Note:** Provide the individual's name, date of birth, and driver's license number, if available. Certify information is for employment use.

## **Appendix B**

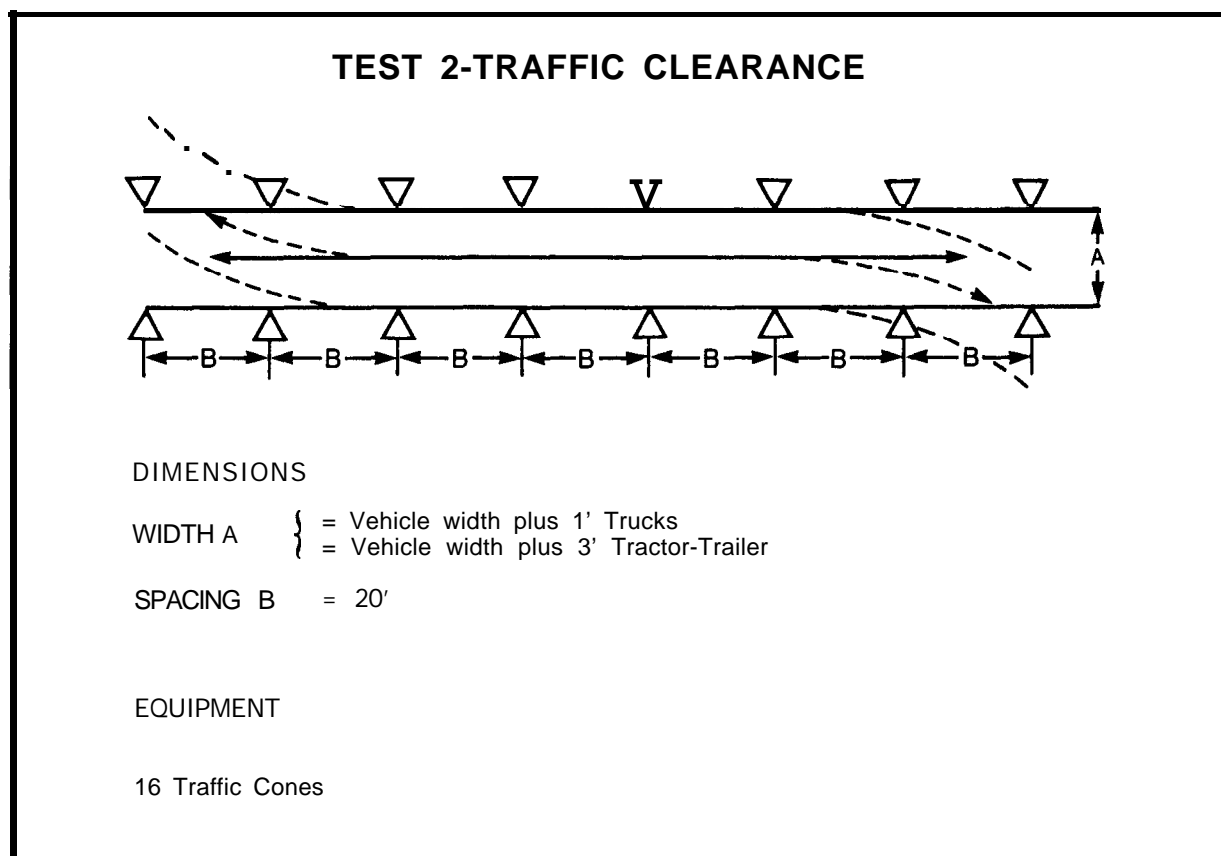
### **Sample Driver Training Test Courses**

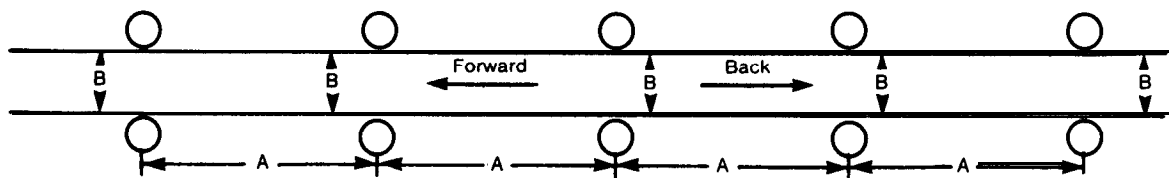


Sample Driver Training Test Courses



### Test 1 -- Serpentine

**Test 2 -- Traffic Clearance**

**TEST 3-STRAIGHT LINE****DIMENSIONS**

A = 20 or 25 feet

B = Inside face of cones = width of tire **plus 5"**

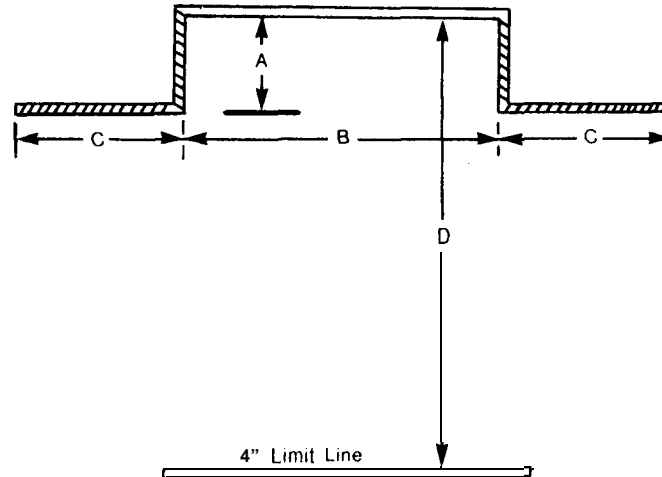
**EQUIPMENT**

10 Traffic Cones

**Test 3 -- Straight Line**



### TEST 4-PARALLEL PARK



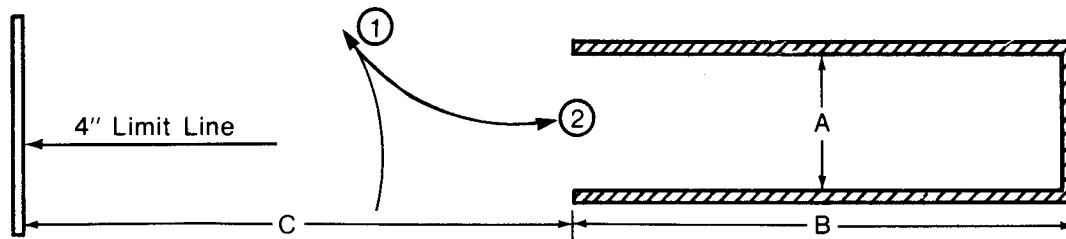
#### DIMENSIONS

DEPTH A	{	= 7'-0" %-Ton and %-Ton Trucks
		= 8'-4" Other Trucks
LENGTH B	{	= Length of Vehicle plus 3' %-Ton Trucks
		= Length of Vehicle plus 4' ½-Ton and 1-Ton Trucks
		= Length of Vehicle plus 6' Large Trucks
WINGS C		= 10'-0 All Classes
ROADWAY D	{	= 30'-0 Vehicles up to 2 Tons
		= 40'-0 2-Ton and 5-Ton Trucks
		= 50'-0 Reverse Jack of Trailer

#### EQUIPMENT

13 Traffic Cones

### Test 4 -- Parallel Park

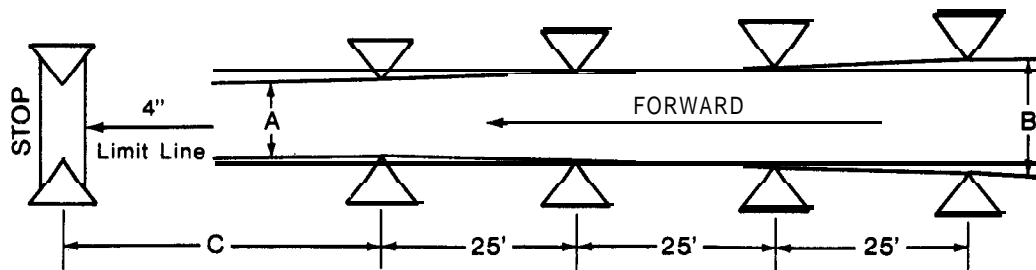
**TEST 5—ALLEY DOCK****DIMENSIONS**

WIDTH A	{	= 8'-6"	¼-Ton and ½-Ton Trucks
		= 9'-0	Straight Trucks-1 Ton and Up
		= 10'-0	Tractor-Trailer
DEPTH B	{	= 12'-0	¾-Ton and ½-Ton Trucks
		= 30'-0	1-Ton Trucks and Up
		= 20'-0	Tractor-Trailer
ROADWAY C	{	= 25'-0	¼-Ton and ½-Ton Trucks
		= 40'-0	All Large Trucks

**EQUIPMENT**

13 Traffic Cones

Test 5 -- Alley Dock

**TEST 6—DIMINISHING CLEARANCE AND STOP****DIMENSIONS**

- A = Width of Vehicle plus 2"
- B { = 8'-0 1/4-Ton and 1/2-Ton Trucks  
= 9'-6 All Other Trucks
- C { = 40'-0 1/4-Ton and 3/4-Ton Trucks  
= 50'-0 All Other Trucks

Note: Taper uniformly from B to A

**EQUIPMENT**

10 Traffic Cones

**Test 6 -- Diminishing Clearance and Stop**