

Extended Drivers' Hours of Service Permit Application – Provincial / Federal

Application For Permit To Extend Driver's Daily Hours of Service

Alberta *Traffic Safety Act,* Section 62, or Federal *Commercial Vehicle Drivers Hours of Service Regulation*, SOR/2005-313, Section 62

Section A: Carrier Information						
☐ New Application						
Renewal or Amendment Current Permit # Expiry Date						
☐ National Safety Code (NSC) Number:AB	(shown on Safety Fitness Certificate)					
Do you hold a: "Federal" operating status	☐ "Provincial" operating status					
Name of Applicant(s):	ole)					
Principal Place of Business in Alberta (where records are maintained and	day-to-day operations conducted):					
(Street address or legal land location; Post Office	box number is insufficient)					
City/Town:						
Postal Code: Telephone #:	Postal Code: Telephone #: Fax #:					
Mailing Address (if different from above):	Mailing Address (if different from above):					
Contact Person's Name and Title:						
Name of Safety Officer:	Name of Safety Officer: Driver License #:					
Section B: Application Information						
Indicate one or more reasons for applying for this permit:						
a) To allow a driver, with a regular itinerary, to reach	the home terminal or destination.					
b) To allow perishable goods to be delivered.						
c) Because of a significant, temporary, increase in the	ne transportation of goods or passengers:					
i. Conducting emergency repairs to fixed electric uti	ility equipment. or					
ii. Specified road (snow plowing/sanding) and bridge weather.	e maintenance activities as a result of adverse					

	Othe	er (specify): _			
2. C	Check th	e jurisdiction	(s) in which you intend to	use this permit:	
		Alberta	☐ British Colur	nbia 🗌 Sa	askatchewan
		Yukon	☐ Northwest T	erritories	
3. C	o you h	old any other	Permits for any Hours o	of Service Exemptions in ar	y other Jurisdiction?
		Yes	☐ No		
	If Yes	, please con	nplete the following		
Juri	sdiction	า	Permit #	Expiry Date	Type of Permit
I		on certificate, Yes Yes, specify	□ No		
			Jurisdiction		Date
	Com	ments:	Jurisdiction		Date
r	notor ca	arrier, at any t	time been subject to a "C		eneficial owners of the applicar ory" safety fitness rating in any portation operation?
		Yes	☐ No		
	If Y	es, list juris	diction(s) and Safety Fi	tness Identification numl	per(s):
			Jurisdiction		Safety Fitness Number
			Jurisdiction		Safety Fitness Number

Last revised: November 22, 2013 Alberta Transportation

Section C:	Description of the Nature of Your Transportation Business (including identification of general types of commodities/loads being moved) (Add additional pages, if required)
Section D:	Description of the Operational Requirements for Needing Permit (e.g.: routes needed; specify additional hours required (maximum 2); need limited to specific hours, days, months, seasons; etc.)
Section D:	routes needed; specify additional hours required (maximum 2); need limited to specific hours, days, months, seasons;
Section D:	routes needed; specify additional hours required (maximum 2); need limited to specific hours, days, months, seasons;
Section D:	routes needed; specify additional hours required (maximum 2); need limited to specific hours, days, months, seasons;
Section D:	routes needed; specify additional hours required (maximum 2); need limited to specific hours, days, months, seasons;
Section D:	routes needed; specify additional hours required (maximum 2); need limited to specific hours, days, months, seasons;

Section E: Description of Why Current Legislation is Inadequate (Be specific) (Include any documentation needed to support application) (Add additional pages, if required)

- 1. Describe why adjusting your operations (e.g. using more drivers, adjusting work hours, using sleeper berths, etc) will not allow compliance to the regulatory requirements.
- If granted, how will you apply this permit to your operation? (e.g. work cycle; camp versus home when drivers off-duty; obtain suitable rest during off duty periods to alleviate fatigue; contingency plans for rest, etc)

Attach detailed description related to questions 1 and 2 above.

<u> </u>	tion 1. National Safety Code Comphance
1.	/hich of the following have you implemented?
	Written Safety Plan - Commercial Vehicle Certificate and Insurance Regulation, (AR314/2002) Individual Driver Files - Commercial Vehicle Certificate and Insurance Regulation, (AR314/2002) Written Maintenance Plan - Commercial Vehicle Safety Regulation, (AR121/2009) Individual Vehicle Files - Commercial Vehicle Safety Regulation, (AR121/2009)
2.	/hich of the following reference material have you obtained? (See: www.transportation.alberta.ca/)
	A copy of all relevant legislation (e.g. Hours of Service, Maintenance, Safety, etc.) A copy of your Carrier Profile within the past year A copy of Alberta Transportation's Educational Manual on general transportation compliance requirements
Se	tion G: Description of Internal Controls to Ensure Compliance
Dr	ne process(s) you have in place such as staff training, monitoring and discipline, to ensure compliance wit r's Hours of Service and other Safety Laws (including dangerous goods, operation and control of vehicles, t and dimensions, maintenance and repair, safe loading). (Add additional pages, if required)
Se	tion H: Fatigue Management Principles and Driver Information
	oes your written Safety Program include policies requiring the implementation of fatigue nanagement principles? (Owner Operators see below) Your principles must include at least: a) driver esponsibilities, b) dispatcher/management's responsibilities related to scheduling, monitoring and iscipline; c) how a driver's hours of service compliance will be monitored; d) how a driver's readiness for ork will be evaluated and monitored; e) employee fatigue alertness training; f) employee training in driver's ours of service regulations; and g) driver lifestyle management.
	☐ Yes ☐ No
	If NO, explain:

2.	com	npliance to t	ispatchers and transportation safety management, operating under or responsible for he permit, been trained in the hours of service regulations and in the fatigue management attached document entitled "Hours of Service and Fatigue Management" for minimum training criteria)
		Yes	□No
		If NO, exp	lain:
		If YES, ex	plain how training was done:
<u>O\</u>	wner	Operators	
1.	imp read	lementatio diness for w	perator (with no other drivers employed), does your Safety Program include n of fatigue management principles? Your principles must include at least: a) driver ork and fatigue alertness identification; b) training in drivers' hours of service d c) lifestyle management.
		Yes	□ No
		If NO, exp	lain:
2.			ved training in the hours of service regulations and fatigue management principles? lent entitled "Hours of Service and Fatigue Management" for minimum training criteria)
		☐ Yes	□ No
		If NO, exp	lain:
		If YES, ex	plain how training was done:
		-	
S	ectio	on I: Vel	nicle and Driver Information

Complete the attached forms that list the drivers and the vehicles that will be covered by this permit. If more pages are required you can make additional copies of the forms.

If you have a large fleet/driver list and already have this information in electronic format we will accept your document, provided **all** of the information that is on our form is included.

Section J: Collision Information

The permit holder must investigate and document the findings of every traffic accident involving a vehicle registered to the permit holder for more than 4,500 kilograms or a passenger vehicle originally designed to transport 11 or more persons, including the driver, that resulted in:

- a) the death of a person;
- b) an injury requiring treatment by a medical doctor;
- c) a condition that causes an employee to lose consciousness; or
- d) damage to all property, including cargo, totaling \$2,000 or more.

Those collisions found to have occurred while operating under this permit must be evaluated to determine if the collision was preventable on the part of the permit holder and/or their driver(s). Each evaluation must use the criteria established by the National Safety Council (www.nsc.org). Each evaluation and follow-up action(s) taken must be fully documented and retained by the permit holder for at least the current year and the following 4 years. Any collision considered non-preventable may be submitted to Alberta Transportation for verification (www.transportation.alberta.ca/656.htm). Verified non-preventable collisions will not be used to help determine the carrier's risk associated with operation under this permit.

Section K: Safety Review

Prior to issuance of this permit, the department will determine:

- a) Whether this permit application is complete;
- b) Whether your vehicles meet the requirements, as defined by this permit, and the services they are used for:
- c) Whether your company's operation of providing services to a well site meets the Department's policies for issuing such permits; and
- d) That the following information is acceptable:
 - i. the contents of your current Alberta Carrier Profile;
 - ii. past compliance to "safety laws" in Alberta or in any other jurisdiction;
 - iii. the results of an Alberta NSC Audit conducted within the last 3 years
 - iv content and implementation of applicant's policies/procedures regarding driver training on Hours of Service compliance and fatigue management principles;
 - iv. content and implementation of Applicant's written policies/procedures regarding the Applicant's compliance to the applicable Hours of Service regulations (including driver compliance monitoring program) and to all permit conditions; and
 - v. any other information the Director considers appropriate.

At the end of this preliminary review, the Director may:

- a) Issue the permit for the full year;
- b) Issue the permit with a reduced time period,
- c) Apply conditions to be satisfied prior to issuing or renewing the permit;
- d) Table the application until it is considered "complete" or Applicant is verified as being in compliance;
- e) Not support issuing the permit due to safety/compliance concerns.

Section L: Permit Policies

Summary of Permit Policies:

- a) Permit Holder must have and maintain an acceptable Carrier Profile (including R-Factor score), general NSC compliance (including a pass NSC audit score and Fatigue Violation Rate) and permit compliance (including a pass Permit Inspection score, when available).
- b) Only drivers who have been fully trained in all required industry-related courses are authorized to utilize the permit exemption.
- c) All drivers, dispatchers and transportation safety management, operating or responsible for compliance under the permit, must have successfully complete the specified training in hours of service compliance and fatigue management.
- d) Permit Holder has an effective Fatigue Management program in place that meets requirements.
- e) The hours of service exemption is being used ONLY for services specified in the permit.
- f) The Permit Holder must have and implement a written policy which identifies that they effectively monitor the hours of service compliance of each driver.
- g) The Permit Holder must have and implement specific written policies and procedures identified in their safety program to ensure that all conditions of the permit are being complied with at all times

Do you understand and agree to abide by these policies?		
☐ Yes ☐ No		
If NO, explain:		
Section M: Certification		
I certify that I understand and agree to abide by the in this application is true and correct.	above requirements, and that information provided	
Print Name	Signature	
Position/Title	Date	
Email Address		

Payment Form: Safety Permit Application

APPLICATIONS ARE CONSIDERED INCOMPLETE WHEN RECEIVED <u>WITHOUT</u> THE FILING FEE.

APPLICATION FILING FEE OF \$55 (GST if applicable) (PAYMENT IS NON-REFUNDABLE)

Applicant's Name:		
Telephone # ()		Cell # ()
Email Address:		
PAYMENT OPTIONS:	Cheq	ue or Money Order
Cheque Attached		Money Order Attached
PAYMENT OPTION:	Credi	Card (Visa, MasterCard, American Express)
Credit Card		
]

Credit Card Acceptance Policy Change

The Government of Alberta has changed the process for accepting credit card payments to protect the security of cardholder data. As of **December 31, 2013**, Alberta Transportation can no longer accept credit card numbers in any format by phone, fax, email, or mail. You <u>cannot</u> include the credit card number on the application. Failure to comply with the payment procedures will result in the application not being processed.

Once the application is received and reviewed, Carrier Services will contact the applicant in order to process the credit card payment.

At the time of the call, you will be required to have the following information:

• Credit Card Number, Expiry Date, Name of Cardholder and Security Code Number (Indicated on the back of a Visa or MasterCard, or on the front of an American Express card)

For further information contact Carrier Services at 403-755-6111 or toll free by first dialing 310-0000.

Alberta Transportation

Carrier Services

Room 401, 4920 – 51 Street Red Deer, Alberta, T4N 6K8

Phone #: 403-755-6111 (Toll Free in Alberta by first dialing 310-0000)

Fax #: 403-340-4806



Driver List

Carrier Name:	
Date Submitted:	

	Driver License # and	Specific Training: Confirm drivers have b trained in:	
Driver Name	Jurisdiction	Hours of	Fatigue
		Service	Management
			Principles



Carrier Name:	
Date Submitted:	

Year	Make	Alberta Plate #	Serial Number (at least last 8 digits)	Registered GVW (kgs)