

**Federal Motor Carrier Safety Administration (FMCSA)
Skill Performance Evaluation (SPE) Certification
49 CFR 391.49**

Sample Initial Letter of Application

All initial and renewal Skill Performance Evaluation (SPE) certificate requests must adhere to the regulatory requirements detailed in this section.

To enable processing of your application we require all of the information included in this section. We have included a suggested format in this packet that will help facilitate the processing of your SPE certification request. We will not process incomplete applications.

Application type:

Joint application

49 CFR 391.49(b), a letter of application for an SPE certificate may be submitted by the person (driver applicant) who seeks an SPE certificate and by the motor carrier that will employ the driver applicant, if the application is accepted, this is a *joint* application.

Unilateral application

49 CFR 391.49(3) Exception, a letter of application for an SPE certification may be submitted by the driver applicant, this is a **unilateral** application.

Application address: The application must be addressed to the applicable field service center, FMCSA, for the State in the applicant is licensed, or where the co-applicant motor carrier's principal place of business is located.

(1) Identification of the applicant(s):

- Name and complete address of the motor carrier co-applicant;
- Name and complete address of the driver applicant;
- The U.S. DOT Motor Carrier Identification Number, if known;
- A description of the driver applicant's limb impairment for which SPE certificate is requested.

(2) Description of the type of operation the driver will be employed to perform:

- State(s) in which the driver will operate for the motor carrier co-applicant (if more than 10 States, designate general geographic area only);
- Average period of time the driver will be driving and/or on duty, per day;
Type of commodities or cargo to be transported;
- Type of driver operation (i.e., sleeper team, relay, owner operator, etc.); and

- Number of years' experience operating the type of commercial motor vehicle(s) requested in the letter of application and total years of experience operating all types of commercial motor vehicles

(3) Description of the commercial motor vehicle(s) the driver applicant intends to drive:

- Truck, truck tractor, or bus make, model, and year (if known);
Drive train;
- Transmission type (automatic or manual—if manual, designate number of forward speeds);
Auxiliary transmission (if any) and number of forward speeds; and
- Rear axle (designate single speed, 2 speed, or 3 speed)
- Type of brake system;
- Steering, manual or power assisted;
- Description of type of trailer(s) (i.e., van, flatbed, cargo tank, drop frame, lowboy, or pole);
- Number of semitrailers or full trailers to be towed at one time;
- commercial motor vehicles designed to transport passengers, indicate the seating capacity of commercial motor vehicle; and
- Description of any modification(s) made to the commercial motor vehicle for the driver applicant; attach photograph(s) where applicable

(4) Otherwise qualified:

- The **co-applicant motor carrier** must certify that the driver applicant is otherwise qualified under the regulations
- In the case of a **unilateral application**, the driver applicant must certify that he/she is otherwise qualified under the regulations of this part.

(5) Signature of applicant(s):

- Driver applicant's signature and date signed;
- Motor carrier official's signature (if application has a co-applicant), title, and date signed. Depending upon the motor carrier's organizational structure (corporation, partnership, or proprietorship), the signer of the application shall be an officer, partner, or the proprietor.

(6) The letter of application for an SPE certificate shall be accompanied by:

- A copy of the results of the medical examination report
- A copy of the medical certificate

- A medical evaluation summary completed by either a Board-qualified or Board-certified physiatrist (doctor of physical medicine) or orthopedic surgeon. The c-applicant motor carrier or the driver applicant shall provide the physiatrist or orthopedic surgeon with a description of the job-related tasks the driver applicant will be required to perform;
- The medical evaluation summary for a driver applicant disqualified due to an amputation shall include:
 - An assessment of the functional capabilities of the driver as they relate to the ability of the driver to perform normal tasks associated with operating a commercial motor vehicle; and
 - A statement by the examiner that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately
- The medical evaluation summary for a driver applicant disqualified for an impairment shall include:
 - An explanation as to how and why the impairment interferes with the ability of the applicant to perform normal tasks associated with operating a commercial motor vehicle;
 - An assessment and medical opinion of whether the condition will likely remain medically stable over the lifetime of the driver applicant; and
 - A statement by the examiner that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately
- A description of the driver applicant's prosthetic or orthotic device worn, if any

(7) Road test when applicable:

- A copy of the driver applicant's road test administered by the motor carrier and the certificate issued or
- A unilateral applicant shall be responsible for having a road test administered by a motor carrier or a person who is competent to administer the test and evaluate its results.

(8) Application for employment:

- A copy of the driver applicant's application for employment completed pursuant to § 391.21; or
- A unilateral applicant shall be responsible for submitting a copy of the last commercial driving position's employment application he/she held. Please state if you have had previous employment as a commercial driver

(9) A copy of the driver applicant's SPE certificate of certain physical defects issued by the individual State(s), if applicable

(10) A copy of the driver applicant's State Motor Vehicle Driving Record for the past 3 years from each State in which a motor vehicle driver's license or permit has been obtained

(11) The driver shall supply each employing motor carrier with a copy of the SPE certificate.

Upon granting an SPE certificate, the Division Administrator/State Director, FMCSA, will notify the driver applicant by letter and co-applicant motor carrier (if applicable). The terms, conditions and limitations of the SPE certificate will be specified. The SPE certificate form will identify the power unit (bus, truck, truck tractor) for which the SPE certificate has been granted.

The Division Administrator/State Director, FMCSA, may deny the application for SPE certificate or may grant it totally or in part and issue the SPE certificate subject to such terms, conditions, and limitations as deemed consistent with the public interest. The SPE certificate is valid for a period not to exceed 2 years from date of issue, and may be renewed 30 days prior to the expiration date.

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

Sample SPE Initial Letter of Application

Sample forms that comply with the regulatory requirements to apply for an SPE certificate are included in this packet. You are responsible for insuring that your application is complete and includes all required information.

A Board-certified or Board-qualified orthopedic surgeon or physiatrist must complete the medical evaluation summary.

If applying for a unilateral SPE certificate (independent of your employer) you must obtain a copy of your State motor vehicle driving record, a road test and a road test certificate. The road test must be administered by a motor carrier or someone competent to administer the test and evaluate the results. If you are submitting a co-application (with your employer), please contact the Medical Program Specialist at the Service Center associated with the location of your employer's principal place of business for further instructions.

If you have any questions, please contact the Medical Program Specialist at the Service Center for the State where you are a legal resident.

Service Center	Territory Included	Office Location
Eastern	CT, DC, DE, MA, MD, ME, NJ, NH, NY, PA, PR, RI, VA, VI, VT, WV	4749 Lincoln Mall Drive, Suite 300A Matteson, IL 60443 (708) 283-3577
Midwestern	IA, IL, IN, KS, MI, MO, MN, NE, OH, WI	4749 Lincoln Mall Drive, Suite 300A Matteson, IL 60443 (708) 283-3577
Southern	AL, AR, FL, GA, KY, LA, MS, NC, NM OK, SC, TN, TX	1800 Century Blvd. Suite 1700, Atlanta, GA 30345-3220 (404) 327-7371
Western	American Samoa, AK, AZ, CA, CO, Guam, HI, ID, Mariana Islands, MT, ND, NV, OR, SD, UT, WA, WY	1800 Century Blvd. Suite 1700, Atlanta, GA 30345-3220 (404) 327-7371

PART III (page 2 of 3)

4. This driver has an **impairment** of: **hand** or **upper limb**

Has an **amputation** of: **hand** (partial full) **upper limb**:

Does the driver have POWER GRIP and PREHENSION FUNCTION of the hand and fingers?

Power Grip and precision prehension further defined: the capability of holding, clutching, clasping, or seizing firmly the steering wheel and/or other vehicle equipment to effectively control the vehicle and perform normal and emergency vehicle operations: steering (potholes, tire failure (blowouts), etc., and operate gear shift levers, air brake controls, light switches, directional signals, and horns.

Right Yes No

Left Yes No

If no, do you recommend a surgical reconstruction to produce power grip and/or prehension?

Yes No

5. If this driver has an **UPPER** **LOWER LIMB** IMPAIRMENT Right Left

Has an **UPPER** **LOWER LIMB** AMPUTATION Right Left

Does the driver have?

a. The APPROPRIATE TYPE OF PROSTHESIS OR ORTHOTIC DEVICE 7

Yes No

b. The appropriate type of TERMINAL DEVICE?

Yes No

c. If yes, does the prosthesis\orthotic fit satisfactorily, and is it in good operating condition?

Yes No

d. Is the applicant able to use the prosthetic/orthotic device proficiently?

Yes No

e. In the case of a hand or upper limb amputation or impairment does the prosthetic/orthotic device aid the driver in the ability to demonstrate power grasp and precision prehension?

Yes No

If no to any of above, what is your recommendation?

PART III (page 3 of 3)

6. Please describe clinically the prosthetic or orthotic device, power source, etc.

7. Does this Driver have any other medical conditions, other than the physical disability indicated in Part III that will interfere with his/her ability to adequately perform the required tasks?

No
 Yes -Explain: _____

8. Please summarize your findings and evaluation, include assessment and medical opinion of whether the condition, at the time of this evaluation, will likely remain medically stable over the lifetime of the driver applicant:

Physician's Name (print): _____
(LAST NAME) (FIRST NAME) (MI)

Address: _____
(Street) (City) ((State & Zip code)

Telephone Number: _____ Alternate Number: _____

Please Check: Psychiatrist Orthopedic Surgeon

Board Certified: Yes No

Board Eligible: Yes No

Physician's Signature: _____ Date: _____