

## DRIVING REQUIREMENTS

### WHEN TO GET STARTED

Candidates successfully selected for the PSI Program will be required to obtain a Class A Commercial Driver's License (CDL-A) and maintain the CDL-A as a condition of the program and future employment. After a successful technical evaluation, and acceptable background screening process, PSI candidates must schedule a Department of Transportation (D.O.T.) Physical/Medical Examination with a Nationally Registered Certified Medical Examiner. Typically, this takes place in the April-May timeframe. Do not wait till the last minute, it may take several weeks to get an appointment. General information can be found at <http://www.fmcsa.dot.gov/regulations/medical>. To print the Medical Examination Report (MER) Form, scroll down to Most Requested Pages, Click on Applications & Forms and print the current MER Form, MCSA-5875. The completed MER Form should be provided to the medical examiner who will conduct the exam. Once the examiner has determined that the driver is physically qualified, they will provide a Medical Examiner's Certificate (MEC), Form MCSA-5876 to the driver. Note that MECs have an expiration date (2 years or less) as determined by the examiner and must be renewed.

### HOW DO I LOCATE A NATIONAL REGISTERED CERTIFIED EXAMINER IN MY AREA?

Please click <https://fmcsa.dot.gov/national-registry-certified-medical-examiners-search>. Use Option 4 to search by city, state and zip code.

### IS THERE A COST FOR THE D.O.T. PHYSICAL?

Yes. The PSI candidate is responsible for the cost associated with obtaining a D.O.T. physical.

### DO I NEED TO COMPLETE THE D.O.T. PHYSICAL IF I CURRENTLY HOLD A COMMERCIAL DRIVER'S LICENSE?

You must ensure your Commercial Driver's License is active and up-to-date. If this is the case, locate a copy of your current MEC Form MCSA-5876 and make a copy of your current Commercial Driver's License and submit both pieces of information to your designated recruiter.

### DO I NEED TO COMPLETE A DRUG SCREENING AS PART OF MY D.O.T. PHYSICAL?

No; however, a urinalysis is required to rule out any underlying medical problems. You will be required at a later date to complete a pre-employment drug screen, more information will be provided at the start of the fall semester.

## IS THERE A DEADLINE FOR COMPLETING THE D.O.T. PHYSICAL?

Yes. Your designated recruiter will establish a deadline. Typically, the documentation is submitted prior to qualification school for the overhead lineworker or substation electrician position. You will not be permitted to attend qualification school if you have not submitted a copy of your MEC Form MCSA-5876.

## WHAT FORM DOES FIRSTENERGY REQUIRE?

The form required by FirstEnergy is located below

**Please Note:** Do not send the *Medical Examination Report (MER) Form MCSA-5875 for Commercial Driver Fitness Determination* to your FirstEnergy recruiter. This information is confidential and should not be shared.. FirstEnergy only needs a current copy of the MEC Form MCSA-5876 document shown below in the form of mail, fax or e-mail to your designated recruiter.

Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 11/30/2021

Please note, the expiration date on this form relates to the process for renewing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire.

**Public Burden Statement**  
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

### MEDICAL EXAMINER'S CERTIFICATE (for Commercial Driver Medical Certification)

#### CMV DRIVER CERTIFICATION

I certify that I have examined (last name) \_\_\_\_\_ (first name) \_\_\_\_\_ in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

Wearing corrective lenses  Accompanied by a waiver/exemption (specify type): \_\_\_\_\_  Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid  Accompanied by a Skill Performance Evaluation (SPE) Certificate  Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date \_\_\_\_\_

#### MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature _____	Medical Examiner's Telephone Number _____	Date Certificate Signed _____
Medical Examiner's Name (please print or type) _____	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
Medical Examiner's State License, Certificate, or Registration Number _____	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
	Issuing State _____	National Registry Number _____

#### CMV DRIVER INFORMATION

Driver's Signature _____	Driver's License Number _____	Issuing State/Province _____
Driver's Address _____		CLP/CDL Applicant/Holder
Street Address: _____ City: _____ State/Province: _____ Zip Code: _____		<input type="radio"/> Yes <input type="radio"/> No

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### For Drivers over the Age of 21:

**Interstate Commerce** is trade, traffic, or transportation involving the crossing of a state boundary. Either the vehicle, its passengers, or cargo must cross a state boundary, or there must be the intent to cross a state boundary to be considered an interstate carrier.

### For Drivers under the Age of 21:

**Intrastate Commerce** is trade, traffic, or transportation within a single state.

For more information, visit <http://www.fmcsa.dot.gov/medical/driver-medical-requirements/driver-exemption-programs#sthash.KPCjm6MR.dpuf>