

Calendar Year Covered by this Report: _____

Company Name: _____

Doing Business As (DBA) Name (if applicable): _____

Address: _____ E-mail: _____

Name of Certifying Official: _____ Signature: _____

Telephone: () _____ Date Certified: _____

Prepared by (if different): _____ Telephone: (____) _____

C/TPA Name and Telephone (if applicable): _____ (_____)_____

____ FMSCA – Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt (Circle One) YES or NO

FAA - Aviation: Certificate # (if applicable): _____ Plan / Registration # (if applicable): _____

____ RSPA – Pipeline: (Check) Gas Gathering__ Gas Transmission__ Gas Distribution__ Transport Hazardous Liquids__ Transport Carbon Dioxide__

____ FRA – Railroad: Total Number of observed/documentated Part 219 “Rule G” Observations for covered employees: _____

USCG – Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

FTA – Transit

Employee Category	Total Number of Employees in this Category

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

1	2	3	4	5	6	7	8	9	10	11	12	13
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[illegible]

1	2	3	4	5	6	7	8	9
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[illegible]