FITNESS EVALUATION FORM

Company Name:	Address:	
Safety Fitness Reviewer:		
Does the applicant meet the minimum level of fitness for this classification approval?		YES NO*
*If NO, Why?		
COMMENTS:		
Is the applicant requesting authorization(s) for classification of	or transport of the materials indicated	l below:
Explosives (Class 1.1, 1.2, 1.3, or 1.4)		OYES ONO
Division 4.1		OYES ONO
Division 5.1		OYES ONO
Division 5.2		OYES ONO
In the 5-year period prior to the application, the applicant has of hazardous materials incidents below:	been involved, directly or indirectly	, in the type and number
More than 1 "serious incident" involving any hazardous material:		OYES ONO
More than 1 hazardous material incident involving any § 172.504 Table 1 and any material listed above:		OYES ONO
More than 1 hazardous material incident involving a cargo tank, motor vehicle, railroad tank car, or other bulk packaging:		OYES ONO
More than 2 hazardous materials incidents involving any § 172.504 Table 2 materials in intermediate bulk or portable tank packaging:		OYES ONO
More than 30 hazardous materials incidents involving any § 172.504 Table 2 materials in non-bulk packagings:		OYES ONO
In the 5-year period prior to the application, the applicant has	received:	
Four civil enforcement cases:		OYES ONO
Four warning letters:		OYES ONO
A combination totaling four civil enforcement cases and/or warning letters:		OYES ONO
SAFER REVIEW:		
A Motor Carrier Safety Rating of less than satisfactory according to the Federal Motor Carrier Safety Administration's Safety and Fitness Electronic Records System (SAFER):		OYES ONO
A HAZMAT, Driver, or V ehicle Out-of-Service percentage of greater than the national average according to SAFER:		OYES ONO