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Limiting the use of cell phones, including texting and hands free devices, to times when we are not operating a motor vehicle, will reduce exposure to accidents and injuries.

Rum River Underground Utility Construction L.L.C. has adopted the following policy effective immediately.

Even though cell phone use is allowed with a hands free device it is our company policy that drivers not talk on a cell phone until they are parked at a safe and legal location. A driver receiving an incoming call on a hands free device, may briefly acknowledge the incoming call and inform the caller they will call back once they have parked in a safe, legal location.

Texting is never allowed while operating a CMV. Texting includes phone texting, pda use, satellite communications or any other existing texting communication devices.

This policy is in effect for anyone driving company owned or leased equipment for ^{Rum River Underground} Utility Construction L.L.C. Violations of this policy may result in disciplinary actions, up to and including termination.

DRIVER SIGNATURE

DATE



HAZMAT Receipt

I acknowledge receipt of the Hazardous Materials Compliance Pocketbook (118-ORS) which details driver responsibilities and duties in the transportation of hazardous materials, as prescribed by the U.S. Department of Transportation in Title 49 CFR Parts 107, 171-180 and 390-397.

(APPLICANT'S SIGNATURE)

(DATE)

(MOTOR CARRIER NAME)

(MOTOR CARRIER REPRESENTATIVE)

Instructions: This receipt is to be read and signed by the driver.

Drug & Alcohol Clearinghouse Addendum to DOT Drug & Alcohol Policy – Effective Jan 6, 2020

As of above date, the FMCSA will create a database of information on CDL driver's DOT drug and alcohol violations.

The Company and service providers (MRO, TPA, SAP, etc.) are required to report DOT drug and alcohol violations to the Clearinghouse when a driver:

- * tests positive for drugs or alcohol
- * Refuses drug and alcohol testing
- * Undergoes the return to duty drug and alcohol process

The following record will be collected and maintained in the Clearinghouse:

- * A verified positive, adulterated, or substituted drug test result
- * An alcohol confirmation test with a concentration of 0.04 or higher
- * A refusal to submit to any test required by Subpart C of Part 382
- * An employer's report of actual knowledge, as defined in 382.107, including:
 - On duty alcohol use pursuant to 382.205
 - Pre-duty alcohol use pursuant to 382.207
 - Alcohol use following an accident pursuant to 382.209
 - Controlled substance use pursuant to 382.213
- * A substance abuse professional report of the successful completion of the return to duty process
- * An employer's report of completion of follow up testing

The Clearinghouse will assist the Company in discovering a driver's requirement to start or continue with the necessary steps in the DOT return to duty process in order to operate a Commercial Motor Vehicle.

The FMCSA requires motor carrier employers to Query the system for information on driver applicants and to Query the database annually for current drivers. Drivers must grant consent for the queries and failure to provide consent prevents the Company from using the CDL driver in a safety-sensitive function.

I acknowledge receipt of the Clearinghouse addendum to the Company Drug & Alcohol policy.

Name _____ Signature & Date _____



Controlled Substances Test Consent

The Federal Motor Carrier Safety Regulations §382.301, Pre-employment testing requirements, apply to all driver-applicants of this company who will operate vehicles with a **Gross Vehicle Weight Rating of 26,001 pounds or more**; or for-hire passenger vehicles with a capacity for 16 or more people, including the driver; or vehicles of any size used to transport hazardous material in quantities requiring placards.

I understand as a condition for employment with _____
(Motor Carrier Name)
that I will consent to the collection of a urine sample, and urinalysis controlled substance testing.

I understand that a Positive test for controlled substances, based on the urinalysis test, will medically disqualify me from the operation of a commercial motor vehicle for this company.

I further understand that a Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to this company's Consortium/Third Party Administrator, Midwest Compliance Inc., according to the Federal Motor Carrier Safety Regulation, Part 40, Subpart (G); and that my urinalysis test results will not be disclosed to other parties without my written authorization.

I have read, or have had read to me, and fully understand the above conditions of this Controlled Substance Test Consent.

Applicant's Name (Print) Soc. Sec. No.

Applicant's Signature Date

Company Representative's Signature Title Date



Acknowledgment of Receipt Controlled Substance/ Alcohol Testing Policy

I, _____, hereby acknowledge that I have received a copy of
(Applicant's Name – Please Print)
_____, (*herein known as **the carrier***), policy and procedures regarding controlled
(Motor Carrier Name)
substance and alcohol testing.

I have read the policy, or have had it read to me, and understand the terms and procedures contained in it.

I understand that participation and adherence to this policy is a requirement for continued employment with **the carrier** and that any violation of this agreement may be grounds for termination of my employment with **the carrier**.

I authorize **the carrier's** processing lab and Medical Review Officer to release the test result information to their designated third party company representative, Midwest Compliance Inc., as required under the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Company Representative

Date



FMCSR Receipt

I acknowledge receipt of a copy of the FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKET BOOK.

In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U. S. Department of Transportation, Parts 40, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

(APPLICANT'S SIGNATURE)

(DATE)

(MOTOR CARRIER NAME)

(MOTOR CARRIER REPRESENTATIVE)

Instructions: This receipt is to be read and signed by the driver.



Violation and Review Record
(APPLICANT MUST COMPLETE AND SIGN THIS FORM)

Applicant's Name _____
(Please Print)

Drivers License Number _____ State of Issue _____

CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (*other than parking*) for which I have been convicted or forfeited bond or collateral during the past 12 months.

IF NO VIOLATIONS PLEASE INDICATE "NONE"

Date of	Offense	Location	Type of Vehicle Operated (CMV or Personal)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date: _____ Applicant's Signature: _____

(Motor Carrier's Name) City State
(Motor Carrier's Location - City/State)

Driver – Do Not Write Below This Line

REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken: _____

Midwest Compliance Inc.

Sauk Rapids, MN

Reviewed by: _____ Date: _____ Title _____



Driver Statement of on Duty Hours

Name _____
 (Print)

Social Security Number _____

Driver License Number _____

Class of License _____ Issuing State _____ Expiration Date _____

Instructions: Please provide the total of all compensated time during the preceding 7 days per FMCSA 395.8(j)(2).

DAY	1 <small>(Yesterday)</small>	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

Driver, enter time and date you were last relieved from work:

_____ on _____
 (Former Motor Carrier) (Time) (Day) (Month) (Year)

I hereby certify the information given above is correct to the best of my knowledge and belief.

Applicant's Signature _____

Date _____

 Motor Carrier Representative

Are you currently working for another employer or motor carrier? Yes No

At this time do you intend to work for another employer or motor carrier while still employed by this company? Yes No

EMPLOYMENT CHECK LIST FOR INTERMITTENT, CASUAL, OR OCCASIONAL DRIVER

The qualification file for an intermittent, casual, or occasional driver employed under the rules in § 391.63 must include the following forms as per §391.51 Federal Motor Carrier Safety Regulations.

- Medical Examiner's Certificate** - The medical examiner's certificate of physical qualification to drive a motor vehicle or a legible photographic copy of the certificate pursuant to §391.43.
- Certificate of Driver's Road Test** - The certificate of driver's road test issued to the driver pursuant to § 391.31 (e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to § 391.33.



Certificate of Compliance

I. MOTOR CARRIER INSTRUCTIONS:

The requirements in Part 383 of the Federal Motor Carrier Safety Regulations, (FMCSR) apply to all drivers operating vehicles and combination vehicles with a Gross Vehicle Weight Rating of 26,001 pounds or more; or vehicles that can transport 16 people or more, (including the driver); or any size vehicle used to transport hazardous materials in quantities that require placarding; in intrastate, interstate, or foreign commerce.

The requirements in Part 391 FMCSR apply to every driver who operates in interstate commerce and operates vehicles weighing 10,001 pounds or more; or vehicles that can transport more than 8 passengers including the driver for compensation, or any size vehicle used to transport hazardous materials in quantities that require placarding.

II. DRIVER REQUIREMENTS: The following provisions are found in Parts 383 and 391 of the FMCSR:

- 1) No driver of commercial motor vehicles may possess more than one motor vehicle driver's license.
- 2) If you have more than one license, retain the license from your current state of residence and return the additional licenses to the states that issued them. *DESTROYING* a license does not close the record in the state that issued it. If you have lost or destroyed a multiple license close your record by notifying the state of issuance that you no longer want to be licensed by that state.
- 3) Sections 383.33 of the FMCSR require a driver, who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, to advise the motor carrier, to whom they are employed before the end of the next business day after receiving notification of such action.
- 4) In addition, Section 383.31 requires that any time you violate a state or local traffic law (*other than parking*), you must report the violation within 30 days to: 1) the motor carrier engaging you, and 2) the state that issued your license (*if the violation occurs in a state other than the one which issued your license*). The notification to both the employer and the state must be in writing.

III. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Federal Motor Carrier Safety Regulations, and the Commercial Motor Vehicle Safety Act of 1986.

Driver's Name (*print*) _____ Soc. Sec. # _____

Driver's Address _____ City _____ State _____ Zip _____

Driver License: State of Issue _____ Type/Class _____ ID No. _____

I further certify that the above driver license is the only one held,

YES or NO (*please check one*).

If you have surrendered a driver license, please indicate the name of the state, license class, and ID number in the blanks provided below:

State _____ Class _____ ID No. _____

State _____ Class _____ ID No. _____

Please sign that you understand the above regulations:

Applicant's Signature _____ **Date** _____



Driver Application for Qualification

Motor Carrier Name _____

Address _____

City _____ State _____ Zip _____

The purpose of this application is to determine whether or not the applicant is qualified to operate a commercial motor vehicle according to the requirements of the Federal Motor Carrier Safety Regulations. In compliance with Federal and State Equal Employment Opportunity Laws; qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. This Application does not replace the company application for employment.

Date _____ Position(s) Applied For _____

Name _____ Social Security No. _____
(Last) (First) (Middle)

Current Address _____ How long at this address? _____
If you have resided at current address for less than 3 years please provide address(s) for previous 3 years below; use additional sheet if necessary

City _____ State _____ Zip _____ Telephone No. _____

Previous Addresses _____ How Long? _____

Previous Addresses _____ How Long? _____

- Do you have the legal right to work in the United States? Yes No
- Can you provide required documentation? Yes No
- To operate a commercial motor vehicle in interstate commerce you must be at least 21 years of age. Do you qualify? Yes No
- To operate a commercial motor vehicle in intrastate commerce you must be at least 18 years of age. Do you qualify? Yes No
- Can you provide proof of age? Yes No

Date of Birth _____

Physical History

Federal and State Department of Transportation regulations require you to be medically qualified to drive a commercial motor vehicle.

Can you provide proof of a current DOT Medical Examination Report? Yes No

Can you provide a current Medical Certificate? Yes No

Last DOT physical examination: Date _____

Doctor's Name/Address _____

Employment History

Driver applicants must provide the following information on all employers during the preceding 3 years; please account for gaps in employment with an explanation such as "unemployed" etc. List address, City, State and Zip; contact name and phone number.

Applicants to drive a commercial motor vehicle having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more people, or any size vehicle used to transport hazardous materials in quantities requiring placarding in intrastate or interstate commerce, shall provide an additional 7 years information on employers for whom the applicant operated such vehicles.

(Note: Start with most recent employer, Please Print)

EMPLOYER/CONTRACTOR	DATE
NAME	FROM TO MO YR MO YR
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE	REASON FOR LEAVING
Was this job subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? _____ Was this job subject to alcohol and controlled substances testing as required by 49CFR part 40? _____	OFFICE USE ONLY: Entry Level Training necessary?

EMPLOYER/CONTRACTOR	DATE
NAME	FROM TO MO YR MO YR
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE	REASON FOR LEAVING
Was this job subject to the FMCSRs? _____ Was this job subject to alcohol and controlled substances testing as required by 49CFR part 40? _____	OFFICE USE ONLY: Entry Level Training necessary?

EMPLOYER/CONTRACTOR	DATE
NAME	FROM TO MO YR MO YR
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE	REASON FOR LEAVING
Was this job subject to the FMCSRs? _____ Was this job subject to alcohol and controlled substances testing as required by 49CFR part 40? _____	OFFICE USE ONLY: Entry Level Training necessary?

EMPLOYER/CONTRACTOR	DATE
NAME	FROM TO MO YR MO YR
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE	REASON FOR LEAVING
Was this job subject to the FMCSRs? _____ Was this job subject to alcohol and controlled substances testing as required by 49CFR part 40? _____	OFFICE USE ONLY: Entry Level Training necessary?

ACCIDENT RECORD

For past 3 years in any vehicle – use additional sheet if more space is required. Indicate "None" if no accidents

DATE	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES (Other Than Parking Violations)

For past 3 years in any vehicle. Indicate "None" if no traffic convictions and/or forfeitures.

LOCATION	DATE	CHARGE	PENALTY

DRIVER LICENSES / PERMITS

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO _____
 B. Has any license, permit, or privilege ever been suspended, revoked, or denied? YES _____ NO _____

If the answer to either A or B is yes, provide detailed explanation on additional sheet

DRIVING EXPERIENCE AND QUALIFICATIONS If no experience, write "None"

CLASS OF EQUIPMENT	TYPE OF TRAILER (Tanker, Flat Bed, Refrigerated Van, Dry Van, etc.)	DATE FROM	DATE TO	APPROX # OF MILES
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Double /Triple Trailers				
Motor Coach – School Bus				
Other				

List States Operated In Over Past Five Years _____
 Show Special Courses or Training That Will Help You As A Driver _____
 Which Safe Driving Awards Do You Hold and From Whom _____

REGULATORY QUALIFICATIONS

Can you read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records? YES NO

DRUG AND ALCOHOL TESTING

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a motor carrier to which you have applied, but did not obtain a safety-sensitive transportation job covered by DOT testing rules during the past two years? YES NO

TO BE READ AND SIGNED BY APPLICANT

This certifies that the application was completed by me, and that all entries on it and information in it are true and correct to the best of my knowledge. I authorize you to make investigations and inquiries of my personal, employment, financial, criminal, or medical history and other related matters as may be necessary in arriving at an employment decision. I understand an investigative report may be generated to obtain information regarding criminal history records from any criminal justice agency, federal, state, city and county. I hereby release employers, schools, health care providers, and others from all liability in responding to inquiries and releasing information. I understand if I wish to review employer-provided information I must submit a written request to the motor carrier on this application within 30 days after being employed or being notified of denial of employment. I understand I have the right to issue a rebuttal statement if the previous employer's statement does not agree with mine. Drivers must correct erroneous information directly with the previous employer providing the information. I understand that false or misleading information provided in the document may result in termination.

Date _____ Applicant's Signature _____

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

1. In connection with your application for employment with ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any Crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)



Driver Background Request

I hereby authorize you to release the following information for the purpose of investigation as required by Part 391.23, 382.405(b) and 382.413. You are required by law to respond within 30 days. You are released from any and all liability which may result from furnishing such information. I the undersigned, understand if I wish to review the previous employer provided information I must submit a written request to the prospective employer within 30 days after being employed or being notified of denial of employment. I understand I have the right to issue a rebuttal if the previous employer's statements do not agree with my statements. Notice: Drivers wishing to request correction of erroneous information in records received must send the request for the correction to the previous employer that provided the records.

Date _____ Applicant's Signature _____ Soc. Sec # _____

Driver - Do Not Write Below This Line

Previous Employer _____ Address _____ City/State _____

Telephone # _____ Fax # _____ Contact Name _____

1. _____ (applicant) indicated employment as a _____
From _____ To _____ (PLEASE supply correct dates)

2. Type of vehicles operated: Straight truck _____ Tractor/Semi trailer _____ Other _____

3. Company driver _____ Owner/operator _____ O/O driver _____

4. Was the driver subject to the FMCSR's? Yes _____ No _____

5. Driver License # _____ State _____ Would you rehire? _____

6. Accidents (Past 3 Years):

Date	Type	Location	Preventable/Non Prev.	Injury/Tow	Fatal	Cost
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please complete each of the following questions regarding Alcohol and/or Substance Abuse testing:

If the driver was not subject to Part 382 testing requirements, please check here and sign below.

- Has this individual tested positive for a controlled substance in the last 3 years? _____ Yes _____ No
- Did this individual take an alcohol test which resulted in a BAC of .04% or greater in the last 3 years? _____ Yes _____ No
- Has this individual ever refused a test for alcohol or controlled substances including verified adulterated or substituted test results in the last 3 years? _____ Yes _____ No
- Has this individual violated other DOT agency drug and alcohol testing regulations? _____ Yes _____ No

5. If you have answered YES to any of the above questions please **ATTACH** documentation of the individual's successful completion of the results of the DOT Return-to Duty and Follow-up tests and the Substance Abuse Professional's Name and contact information:

SAP Name _____ Address, City/State _____ Phone _____

Please include information received from other previous employers.

Please Print Your Name _____ Title _____ Date _____

Signature _____



Request for Check of Driving Record

I hereby authorize you to release the following information to Midwest Compliance Inc. for purposes of investigation as required by Sections §391.23 and §391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

NAME OF APPLICANT/DRIVER _____

CURRENT ADDRESS _____ City _____ State _____ Zip _____

FORMER ADDRESS _____

DATE OF BIRTH _____ SSN _____ LICENSE # _____

Applicant's Signature

Date

In accordance with the provisions of Section 604 and 607 of the **Fair Credit Reporting Act** Public Law 91-508, I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report;
2. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
3. The information being obtained will not be used in violation of any federal or state equal employment opportunity law or regulation; and
4. Before taking adverse action based in whole or in part on the report, the applicant will receive a copy of the requested report.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994**.

Requester's Signature

Date



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DRIVER SIGNATURE

DATE
