

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.

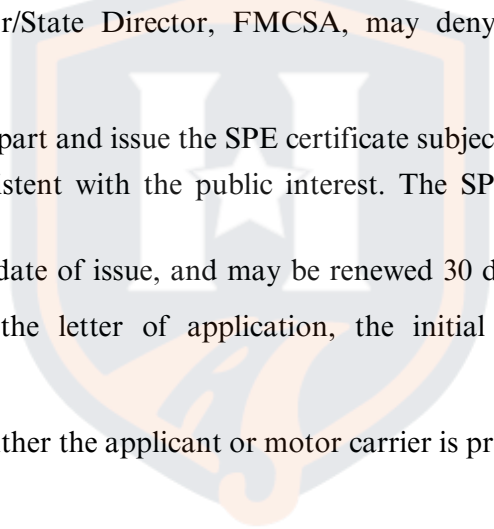
The Division Administrator/State Director, FMCSA, may deny the application for SPE certificate

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.



HOUSTON  
SPECIALIST  
CARGO

## 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 you do not have access to an orthopedic surgeon or a physiatrist we suggest that you go to a rehabilitation facility for this examination as these facilities and their personnel generally have experience in evaluating individuals with missing or impaired limbs.

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

The following information must be submitted with your  
Skill Performance Evaluation (SPE) certificate initial application

Application type,

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.

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.

You must submit,

1. A unilateral (Driver Applicant) SPE certificate application, or
2. A joint application from the Driver Applicant and the application from the Motor Carrier that will employ the driver, if an SPE Certificate is issued. Please note: if the employer changes, SPE certification reapplication with the new employer is required. Contact the FMCSA program specialist to obtain appropriate guidance.
3. The Motor Carrier driver application.
4. A copy of the results of your medical examination report, pursuant to 49 CFR 391.43, the Medical Examination Report for Commercial Driver Fitness Determination.
5. A copy of your signed medical examiner's certificate.
6. A Medical Evaluation Summary completed only by either a board qualified or board certified psychiatrist (doctor of physical medicine) or orthopedic surgeon will be accepted.
7. A copy of the road test and road test certificate or a copy of both sides of your commercial driver's license (CDL).
8. A copy of your State motor vehicle driving record (MVR) for the past 3 years from each State in which you held a driver's license or permit.
9. If applicable, a copy of your SPE certificate or waiver of certain physical defects.

Please review the above requirements before mailing your application to ensure that all required information is included in your packet. If you have questions contact the Medical Program Specialist in the Service Center for the State where you are a legal resident.

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Signature

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Date

PLEASE PRINT CLEARLY

check application type:      Unilateral ☐ Joint ☐

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
MAIDEN NAME IF APPLICABLE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H): \_\_\_\_\_ (CELL) \_\_\_\_\_ DRIVER S LICENSE#: \_\_\_\_\_

STATE OF ISSUANCE OF DRIVER'S LICENSE: \_\_\_\_\_

DESCRIPTION OF YOUR LIMB IMPAIRMENT OR AMPUTATION: \_\_\_\_\_

TYPE OF PROSTHESIS WORN, IF APPLICABLE: \_\_\_\_\_

DESCRIPTION OF OPERATION

STATES OF OPERATION: \_\_\_\_\_ TYPE OF CARGO: \_\_\_\_\_ AVERAGE PERIOD OF DRIVING TIME: \_\_\_\_\_

TYPE OF OPERATION (Sleeper Team, Relay, etc.): \_\_\_\_\_

NUMBER OF YEARS EXPERIENCE DRIVING TYPE OF VEHICLE IN APPLICATION: \_\_\_\_\_

NUMBER OF YEARS DRIVING ALL TYPES OF VEHICLES: \_\_\_\_\_

DESCRIPTION OF VEHICLE(S)

VEHICLE TYPE (truck, truck tractor, bus, etc.): \_\_\_\_\_ IF BUS, INDICATE SEATING

CAPACITY: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL#: \_\_\_\_\_ YEAR: \_\_\_\_\_

TRANSMISSION TYPE (automatic or manual): \_\_\_\_\_ # OF FORWARD SPEEDS: \_\_\_\_\_

IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE:

NUMBER OF FORWARD SPEEDS: \_\_\_\_\_ REAR AXLE SPEED (designate single speed, 2 speed, 3 speed). \_\_\_\_\_

TYPE OF BRAKE SYSTEM: \_\_\_\_\_

STEERING (Manual or power assisted): \_\_\_\_\_

NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME: \_\_\_\_\_

DESCRIPTION OF TRAILER(S) (van, flatbed, cargo tank, lowboy, pole, dump, etc.): \_\_\_\_\_

DESCRIPTION OF VEHICLE MODIFICATIONS: \_\_\_\_\_

I CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER PART 391 (QUALIFICATION OF DRIVERS) OF THE  
FEDERAL MOTOR CARRIER SAFETY REGULATIONS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# APPLICATION FOR EMPLOYMENT

COMPANY NAME: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip code)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

## ADDRESS FOR THE PAST THREE YEARS:

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip code)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip code)

(ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)

## DRIVER EXPERIENCE AND QUALIFICATIONS

|         | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|---------|-------|-------------|------|-----------------|
| DRIVER  |       |             |      |                 |
| LICENSE |       |             |      |                 |
|         |       |             |      |                 |

## DRIVING EXPERIENCE

| CLASS OF EQUIPMENT<br>STRAIGHT TRUCK<br>TRACTOR AND<br>SEMI-TRAILER<br>TRACTOR-TWO<br>TRAILERS<br>OTHER | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATE FROM | DATE TO | APPROX. NO. OF MILES (TOTAL) |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------|---------|------------------------------|
|                                                                                                         |                                           |           |         |                              |
|                                                                                                         |                                           |           |         |                              |
|                                                                                                         |                                           |           |         |                              |
|                                                                                                         |                                           |           |         |                              |

## ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

| DATES         | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END,<br>UPSET, ETC.) | FATALITIES | INJURIES |
|---------------|-----------------------------------------------------------|------------|----------|
| LAST ACCIDENT |                                                           |            |          |
| NEXT PREVIOUS |                                                           |            |          |
| NEXT PREVIOUS |                                                           |            |          |

## TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

| LOCATIONS | DATE | CHARGE | PENALTY |
|-----------|------|--------|---------|
|           |      |        |         |
|           |      |        |         |
|           |      |        |         |

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

- 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 or revoked? Yes \_\_\_\_ No \_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

## EMPLOYMENT RECORD

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding  
this application that includes the current employer

Must list the complete mailing address: street number and name, city, state and zip code

LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
POSITION HELD \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
POSITION HELD \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
POSITION HELD \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

\*\*\*\*\*

This certifies that this application was completed by me, and that all entries on it and  
information in it are complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

## DRIVER'S ROAD TEST EXAMINATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ (MAIDEN NAME IF APPLICABLE) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) : \_\_\_\_\_ (CELL) \_\_\_\_\_ SPE TESTING SITE STATE: \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

\_\_\_\_\_ Pre-trip inspection (As required by Sec. 392.7)

\_\_\_\_\_ Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)

\_\_\_\_\_ Placing the equipment in operation

\_\_\_\_\_ Use of the vehicle's controls and emergency equipment

\_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.

\_\_\_\_\_ Turning the vehicle

\_\_\_\_\_ Braking, and slowing the vehicle by means other than braking

\_\_\_\_\_ Backing, and parking the vehicle.

\_\_\_\_\_ Other, Explain

\_\_\_\_\_  
\_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Date: \_\_\_\_\_ (DD/MM/YYYY) EXAMINER'S NAME (PRINT) \_\_\_\_\_

EXAMINER'S NAME (SIGNATURE) \_\_\_\_\_

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: \_\_\_\_\_

**CERTIFICATE OF DRIVER'S ROAD  
TEST**

Instructions: If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

**CERTIFICATION OF ROAD  
TEST**

DRIVERS LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

(MAIDEN NAME IF APPLICABLE): \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_

Type of Trailer(s): \_\_\_\_\_

If Passenger carrier, type of Bus: \_\_\_\_\_

This is to certify that the above-named driver completed a road test under my supervision on \_\_\_\_\_ (DD/MM/YYYY) consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

Examiner's Name (Print): \_\_\_\_\_

Examiner's Name (Signature): \_\_\_\_\_

Title: \_\_\_\_\_

State Test Site: \_\_\_\_\_

Organization and Address of Examiner: \_\_\_\_\_

\_\_\_\_\_