

Safety Presentation Request Form

Return via email to: Motor Carrier Enforcement Specialist Daulton J. Leonard, (717) 346-7337, dauleonard@pa.gov

Date of Submission: _____

What types of vehicles does the carrier operate?

Carrier Name: _____

What is the GVWR of your vehicles (example: 10,001 lbs. to 33,000 lbs.)?

Carrier USDOT#: _____

Please provide (3) preferred dates & times:

1. _____ Time: _____
2. _____ Time: _____
3. _____ Time: _____

Will the presentation of the Pennsylvania State Police, Commercial Vehicle Safety Division be completed in conjunction with any other event such as a Safety Day?

***** All Safety Presentations are held Monday through Friday during normal business hours. Please note that requests made less than 2 months in advance are not guaranteed due to operational need. *****

Are you an interstate (Operate outside Pennsylvania) or intrastate (Operate inside Pennsylvania) carrier?

Number of Attendees: _____

Attendees Classification (Staff, drivers, mechanics, etc.):

Please place an "☺" next to the items that are available at the presentation premises for the presenters:

Specific Address of the Safety Presentation:

_____ Food _____ Water _____ Projector

_____ Projector Screen _____ HDMI Cable

Are you a Hazardous Materials Carrier? Y _____ N _____

_____ An Audio System (If needed for large crowds)

Yes, Bulk _____ Yes, Non-Bulk _____

_____ Computer hooked to the projection system

If "Yes" please list the materials & hazard classes below:

1. Material: _____ Class: _____
2. Material: _____ Class: _____
3. Material: _____ Class: _____

_____ Remote to advance slides _____ table

_____ Power supply within 2 feet of presenter station

Is there any specific information the requestor would like to have presented (e.g. load securement, weight compliance, hours-of-service requirements, etc.)?

Name of Requestor: _____

Requestor Title: _____

Requestor Phone Number: _____

Requestor Email: _____

A demonstration of a Level II inspection is available to be performed. Would the requestor like to have a Level II inspection demonstration performed? (Please note: the requestor must provide a commercial vehicle(s) to have this completed)

Will the requestor be there the day of the event?

Yes _____ No _____

Yes _____ No _____

If "no," please provide information for someone who will be at the event location:

What is the nature of the Carrier Operations (i.e. general freight, heavy machinery, farmers, School Bus etc.)?

Event Contact: _____

Event Contact Title: _____

Event Contact Phone Number: _____

Event Contact Email: _____

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