

DOT Compliance

Monday, October 21

1:00 - 5:00



Course Information

Certificate of completion will be provided

Personnel responsible for managing commercial vehicles and drivers, such as Fleet Safety Managers, Driver Managers, Safety Supervisors, HR professionals and administrative support personnel, can benefit from this course. This workshop provides attendees an opportunity to learn how to use the FMCSA manual and will focus on learning all applicable federal regulations.

The instructor will provide a detailed overview of the Compliance, Safety & Accountability (CSA) system, and training that is critical for carrier or fleet safety management including:

- Requirements to administer a DOT drug and alcohol program
- Hours of Service (HOS) requirements
- Reasonable Suspicion Programs and training requirements
- Vehicle inspection requirements
- Identification of out of service violations on Commercial Motor Vehicles (CMV's)

Attendees will also receive in-depth training on the Federal Motor Carrier Safety Administration Regulations including:

- Commercial vehicle seatbelt and texting laws
- All DOT recordkeeping requirements
- Driver drug and alcohol use
- Explanation of the compliance review and safety audit process
- CDL disqualifiers, including non-traffic violations
- CMV crash reporting requirements
- Safety fitness standard requirements

DOT Compliance Seminar is included in Convention Full Registration Fee.

Please fill out employee information on the back side.

Registration fee if your are not attending convention:

Registration Fee Member: \$150 x _____ = _____

Registration Fee Non-Member: \$350 x _____ = _____

Fill out attendee information on the back side

Company _____

Address _____

Return by October 1

NDPMA
 PO Box 1956
 Bismarck, ND 58502
 Fax: 701-223-5004
 email: mary.ndrpma@midconetwork.com

Training Location:

Delta Hotel
 1635 42nd Street SW
 Fargo, ND

Questions call 701-223-3370

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Attendees will be issued a certificate of completion by the ND Safety Council.
The below information is required.

Attendee First & Last Legal Name _____

Date of Birth _____ Last 4 digits of SS# _____

License # _____ Phone # _____

Email _____

Attendee First & Last Legal Name _____

Date of Birth _____ Last 4 digits of SS# _____

License # _____ Phone # _____

Email _____

Attendee First & Last Legal Name _____

Date of Birth _____ Last 4 digits of SS# _____

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