



Norfolk Southern Corporation  
1200 Peachtree Street, NE - Box 145  
Atlanta, Georgia 30309

Division Superintendent  
Decatur, IL

JUL 12 2005

Dennis L. Williams  
System General RFE  
(404) 582-6782

File No. \_\_\_\_\_

Dear Fellow Employee:

Under Federal Railroad Administration Regulations, 49 CFR Sec. 240.201 (c), all persons performing service as a locomotive engineer or remote control operator as defined by Part 240, must be certified every three years under guidelines established by Congress and the FRA. The certification process requires, among other things, a mandatory review of each employee's state and national driving record and record of employment with other railroads, if employed by them after **September 17, 1991**. An examination for vision and hearing acuity is also required by 49 CFR Sec. 240.121.

Enclosed for your handling are a number of forms and instructions needed to initiate this process. Please make a prompt and complete reply within fifteen (15) days of receipt. Failure to do so may delay your application to LET school, remote control operator training, or recertification as a qualified locomotive engineer. FRA regulations specifically prohibit you from operating without a valid certificate. Therefore, to ensure that you have a valid certificate, you must promptly respond and comply with the certification process. Failure to comply could result in you not being certified to perform service.

If you have any questions regarding the instructions and requirements of these forms, please contact the System General Road Foreman of Engines at microwave 582-6782, bell (404) 582-6782, or contact your Division Road Foreman of Engines.

D. L. Williams

Enclosures

(Rev. 6/05)

## Instructions

**Form I: DRIVERS RECORD INFORMATION - STATE**

This form provides you the option of either contacting the Department of Motor Vehicles yourself and paying the state's processing fee or you may elect for Norfolk Southern to obtain the information for you.

If you choose NS to obtain your state driving information, you must sign Item Number 4 and your records will be searched by an independent contracting service and the cost will be paid by NS.

Please complete the forms as indicated choosing one of the driving options, number 3 or 4, not both.

**Form II: OTHER RAILROAD EMPLOYMENT**

If you are working or have worked for a railroad not affiliated with Norfolk Southern after September 17, 1991, you must fill out FORM II.

We urge you to notarize as well as sign Form II in the event your former, or other railroad employer, maintains a policy requiring certified requests for personnel information supplied to third parties.

**FORM III: NATIONAL DRIVER REGISTER**

This form must be filled out, signed, notarized and returned to this office.

There is no fee for requesting these records, but the request must be notarized and stamped/embossed with the notary's official seal.

**!! NOTE !! ITEM 1 - Asks for FULL LEGAL NAME!!**

**First, Middle, and Last Name**

**EXAMPLE: JOHN DOE SMITH**

If Norfolk Southern fails to timely receive any of this information, your approval for LET school, Certification or recertification for engineer or remote control operator will be delayed.

**ALL FORMS MUST BE RETURNED TO THE SYSTEM GRFE**

**FORM I: DRIVER'S RECORD INFORMATION**

Forms must be signed and returned to:

System General Road Foreman of Engines  
Norfolk Southern Corporation  
1200 Peachtree Street, N.E. - Box 145  
Atlanta, Georgia 30309-3579

- I am applying for:        **LET School**  
                                  **Engineer Recertification**  
                                  **Locomotive Servicing**  
                                  **Remote Control Operator**

1. NAME: \_\_\_\_\_

EMP. ID: \_\_\_\_\_

DIVISION \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Ht. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Wt. \_\_\_\_\_ Sex \_\_\_\_\_

2. Have you held a driver's license since September 17, 1991?     Yes     No

Have you held a driver's license during the previous 60 months?     Yes     No

List all driving license numbers and issuing states (list should begin with licenses in your possession during the previous 60 months - but not before the effective date of September 17, 1991):

License #	State
_____	_____
_____	_____

**EXHIBIT I** (Pg. 2 of 4)**ALL FORMS MUST BE RETURNED TO THE SYSTEM GRFE****FORM I:  
Page 2****(Choose one option, number 3 or 4, not both):**

3. The Department of Motor Vehicles (DMV) in each state where you have held a license will be required to send information regarding your driving record in order for you to be certified. There will be a fee for their service.

You may contact your **State DMV** (not local police office or insurance agency) and have them forward your **official driving record** to NS.

If you elect this option, you should contact your issuing state(s) DMV within 15 days of the receipt of this packet so that your record(s) can be timely processed.

You must sign here \_\_\_\_\_ indicating you understand that it is your responsibility to ~~have~~ the state or state(s) DMV forward your records direct to the System General Road Foreman of Engines.

– OR –

4. You may authorize NS to obtain this information and the cost will be paid for by Norfolk Southern.

If you elect this option, your signature is required below.

**I ELECT NORFOLK SOUTHERN TO PROCESS MY REQUEST FOR DRIVER'S RECORD INFORMATION AT NO COST TO ME.**

Signature \_\_\_\_\_

5. Have you ever been employed by a railroad other than Norfolk Southern or its affiliates since September 17, 1991?

\_\_\_\_\_ Yes, I have worked for a railroad other than Norfolk Southern or its affiliates since September 17, 1991.

\_\_\_\_\_ No, I have not worked for a railroad other than Norfolk Southern or its affiliates since September 17, 1991.

If yes, complete Form II (next attached).

6. I certify that the information herein provided is accurate and complete. I understand that the falsification, misrepresentation, or omission of material information may be grounds for dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**EXHIBIT I** (Pg. 3 of 4)

**ALL FORMS MUST BE RETURNED TO THE SYSTEM GRFE**

**FORM II: OTHER RAILROAD EMPLOYMENT**

**Chief Operating Officer**

\_\_\_\_\_  
(Name of Railroad)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Dear Sir:

I hereby request and grant permission for you to release my personal records, including safety and discipline records, to Norfolk Southern at the address listed below pursuant to the requirements of 49 CFR 240.

\_\_\_\_\_  
Full Legal Name (Please Print)

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

\_\_\_\_\_  
Date(s) of Employment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Crafts and Dates of Service:**

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

State of \_\_\_\_\_

City (County) of \_\_\_\_\_

**SWORN TO AND SUBSCRIBED BEFORE ME,**  
a notary public in and for the city (county)  
and state aforesaid, the \_\_\_\_\_ day of

\_\_\_\_\_, 19 \_\_\_\_\_

**SEND RECORDS TO:**

System General Road Foreman of Engines  
Norfolk Southern Corporation  
1200 Peachtree Street, N.E. - Box 145  
Atlanta, Georgia 30309-3579

\_\_\_\_\_  
**NOTARY PUBLIC**  
My Commission Expires \_\_\_\_\_

**EXHIBIT I** (Pg. 4 of 4)

**ALL FORMS MUST BE RETURNED TO THE SYSTEM GRFE**

Routing Code: NS

**FORM III: NATIONAL DRIVER REGISTER  
NORFOLK SOUTHERN  
Locomotive Engineer Certification  
National Driver Register Check**

To: Chief, National Driver Register  
National Highway Traffic Safety Administration  
400 7th Street, SW  
Washington, DC 20590

In accordance with the requirements for locomotive engineer certification as mandated by the Federal Railroad Administration and contained in the Code of Federal Regulations, 49 CFR Part 240, this request authorizes NHTSA to perform a one time file search of the National Driver Register (NDR) for information pertaining to me. As provided for in the NDR Act of 1982, this search is to be limited to revocations/suspensions still in effect or those that have occurred in the past 3 years from the date of this request. Upon my request, the Norfolk Southern shall make available to me any NDR information received as a result of this search.

You are authorized to furnish a copy of the results of this NDR search directly to:

Norfolk Southern Corporation  
Attn: System General Road Foreman of Engines - Box 145  
1200 Peachtree Street, N.E.  
Atlanta, Georgia 30309-3579

The following information is provided to assist you in performing the check:

**PLEASE TYPE OR PRINT:**

1. Full Legal Name: \_\_\_\_\_
2. Any Other Name Used: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ 4. Sex: \_\_\_\_\_
5. Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches 6. Weight \_\_\_\_\_
7. Color of Eyes: \_\_\_\_\_
8. State Which Issued License \_\_\_\_\_
9. Driver's License Number: \_\_\_\_\_
10. Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Signature

**NOTARY STAMP/SEAL  
(Mandatory)**

\_\_\_\_\_  
Notary's Signature

**My commission expires:** \_\_\_\_\_



**EXHIBIT II**

**“Medical Notification”**

(SEE NEXT ATTACHED)

**THIS SECTION IS TO BE DETACHED  
FROM EXHIBIT I AND PRESENTED TO YOUR  
LOCAL SUPERVISOR TO OBTAIN THE  
REQUIRED MEDICAL FORMS.**





Norfolk Southern Corporation  
Three Commercial Place  
Norfolk, Virginia 23510-9202

## Exhibit II

**C. Ray Prible, M.D.**  
Director Medical Services  
(757) 629-2443

Dear Fellow Employee:

This letter serves as notification to you that you are now due for your locomotive engineer certification physical examination. Periodic locomotive engineer certification examinations are conducted in accordance with 49 CFR 240.121 and company policy. As in the past, locomotive engineers who are 60 years old or greater are required to undergo an annual examination. Locomotive engineers who are less than 60 years old will be examined every three years.

**Please be advised that it is your responsibility to contact your supervisor in a timely manner to make arrangements for the above physical examination.** Failure to do so may result in a delay in your locomotive engineer certification. Your supervisor will coordinate arrangements for you by scheduling your appointment for the physical at a company-approved facility, and by providing you with the necessary medical forms. Please bring this letter with you when reporting to your supervisor for appointment scheduling and forms processing.

The appropriate sections of the following medical forms (Form Med-15 and Form Med-14) must be completed BEFORE you arrive at the facility for your appointment. Please be sure that you have been provided with the updated, revised version of these forms (revised 6/99 or later).

### FORM MED-15

Your employing officer will complete Sections A, B, C and D on the first page of the Form Med-15. In Section B (purpose of examination), your supervisor should check the block for **Periodic (Locomotive Engineer Certification)** for those engineers (and demoted engineers working as trainmen) who are undergoing locomotive engineer certification or recertification. Your supervisor should also write a note in Section B indicating that the "FORENSIC CUSTODY AND CONTROL form" should be used for urine drug testing. The block marked **T&E Periodic – Engineer Recertification** should be checked on the Forensic Custody and Control form.

You must complete Section E (a medical history questionnaire) on the first page of the Form Med-15. After responding to the medical history questions, please carefully read the employee statement and sign your name in the area designated.



**FORM MED-14**

Your employing officer must complete Sections A, B and C of the Med-14 audiometric form. You will need to complete and sign Section D of this form.

**A Reminder:** You must undergo a complete physical examination, which includes visual acuity, color perception, audiogram, urinalysis and the SAP-5 urine drug screen. You must promptly report to your supervisor for physical processing instructions. The entire physical must be completed within 60 days from the date of your receipt of this letter to avoid delays in your certification. If you have any questions about this examination procedure, please direct them to your supervisor.



C. Ray Prible, M.D.

