FOR OFFICIAL USE ONLY (FOUO) Hours of Service Waiver Application

To: Department of Agriculture EPLO via PFMA Liaison

Contact: Annette Knapp at email (preferable) aknapp@pfma.net or PFMA fax: 717-760-5953.

Please be advised that our company, a carrier of	
difficulties meeting demand for	while simultaneously complying with the
Hours of Service Regulations contained in 49 CFR 395.	
The following CHECKED conditions are causing difficulties (Check ONE or MORE that apply).	with HOS regulation compliance:
[] Recent storm patterns and road conditions prolong trip times at	and impede travel to and from supply and delivery points.
[] Above average demand for is placing necessary to accommodate this demand.	substantial pressure on our supplies and the driver hours
[] Supply disruptions at the manufacturer or wholesale level are for	rcing us to travel to alternative points of supply for product.
Increased distances are increasing driver hours to maximum all	llowed levels.
[] The emergency has caused shortages of drivers and has had a	a cascading impact on HOS compliance.
[] We have engaged additional contract carriers, but are not able	e to secure a level sufficient to meet our supply logistics.
[] We have attempted and are unable to secure additional contract	act carriers to address our supply and delivery needs.
[] We have been unsuccessful obtaining temporary stock to meet	
[] We've attempted & have been unsuccessful in obtaining temporary	orary qualified drivers to meet our peak demand or shortage.
[] The current situation leaves us in a position where we have to exposing our customers to disruptions in the supply of necessa interruptions in the flow of critical	ary product. An HOS waiver declaration is prudent to prevent _during this period of peak supply and demand dislocations.
The following contiguous states that we operate in have issued anNumber of Days H	n HOS waiver for this event
We request that a granted waiver be in effect forday (Historically, a 5-day HOS waiver has been granted for food deliver	
Comments & specific notations for consideration	
Signed:	(Authorized Company Representative)
Print Name:	
Company:	
Address:	
City:	State: Zip:
Phone:	Fax:
Email:	
[] Please contact me to discuss our specific situation because add [] Additional page of comments included.	ditional information is necessary.