



HAZARDOUS MATERIALS ENDORSEMENT APPLICATION FOR SECURITY THREAT ASSESSMENT

FEE: \$34.00

Information from this form will be forwarded to the U.S. Department of Homeland Security.

PLEASE NOTE: YOU MUST REAPPLY AND SUBMIT AN ADDITIONAL FEE IF YOU DO NOT COMPLETE THE BACKGROUND PROCESS WITHIN SIX MONTHS OF THE INITIAL APPLICATION.

Bureau of Driver Licensing

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION

APPLICATION TYPE: <input type="checkbox"/> HME Renewal <input type="checkbox"/> New <input type="checkbox"/> HME Transfer Prior State _____ Prior CDL # _____				
LAST NAME			FIRST NAME	
MIDDLE NAME				SUFFIX
PREVIOUS NAMES USED				
Last		First		Middle
Suffix				
SOCIAL SECURITY NUMBER		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yyyy)	HEIGHT _____ Feet _____ Inches
				WEIGHT _____ Pounds
HAIR COLOR				
<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde or Strawberry <input type="checkbox"/> Brown <input type="checkbox"/> Gray or Partially Gray <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Other _____				
EYE COLOR				
<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multicolored <input type="checkbox"/> Pink <input type="checkbox"/> Unknown _____				
PA DRIVER'S LICENSE NUMBER			ENDORSEMENT	
			<input type="checkbox"/> H-Hazardous Material <input type="checkbox"/> X- Combined Tanker and Hazmat	
USE SAME FOR MAILING ADDRESS. <input type="checkbox"/> YES <input type="checkbox"/> NO I HAVE LIVED AT THIS ADDRESS FOR 7 YEARS OR MORE. <input type="checkbox"/> YES <input type="checkbox"/> NO				
RESIDENTIAL STREET ADDRESS				
CITY		STATE	ZIP	COUNTRY
MAILING STREET ADDRESS (if different from residential address)				
CITY		STATE	ZIP	COUNTRY
WORK PHONE NUMBER		CELL PHONE NUMBER		HOME PHONE NUMBER
EMAIL ADDRESS				
PREVIOUS RESIDENTIAL STREET ADDRESS (within the past 7 years)				
CITY		STATE	ZIP	COUNTRY
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF U.S. CITIZEN, WERE YOU BY. <input type="checkbox"/> BIRTH <input type="checkbox"/> Naturalization/Provide Naturalization Date (mm/dd/yyyy) _____		
IN WHAT COUNTRY WERE YOU BORN?		CITY OF BIRTH		STATE/PROVINCE (If Born in U.S.)
DOCUMENTS FOR U.S. CITIZENS				
<input type="checkbox"/> U.S. PASSPORT: VALID U.S. PASSPORT # : _____ EXPIRATION DATE: _____ PASSPORT TYPE: _____				
<input type="checkbox"/> U.S. PASSPORT CARD: VALID U.S. PASSPORT # : _____ EXPIRATION DATE: _____				
<input type="checkbox"/> N-560 OR N-561, CERTIFICATE OF U.S. CITIZENSHIP: VALID N-560 OR N-561, CERTIFICATE OF U.S. CITIZENSHIP #: _____				
<input type="checkbox"/> I-197 OR I-179, U.S. CITIZENSHIP ID CARD: VALID I-197 OR I-179., U.S. CITIZENSHIP # : _____				
<input type="checkbox"/> I-872, AMERICAN INDIAN CARD: VALID I-872, AMERICAN INDIAN CARD # : _____				
<input type="checkbox"/> U.S. BIRTH CERTIFICATE: VALID U.S. BIRTH CERTIFICATE # : _____ STATE OF ISSUANCE: _____				
<input type="checkbox"/> I-873, NORTHERN MARIANA CARD: VALID I-873, NORTHERN MARIANA CARD #: _____				
<input type="checkbox"/> N-550 OR N-570, CERTIFICATE OF NATURALIZATION: VALID N-550 OR N-570, CERTIFICATE OF NATURALIZATION #: _____				
<input type="checkbox"/> CERTIFICATION OF REPORT OF BIRTH (FS-545/DS-1350): VALID CERTIFICATION OF REPORT OF BIRTH (FS-545/DS-1350) #: _____				
<input type="checkbox"/> REPORT OF BIRTH ABROAD OF U.S. CITIZEN (FS-240): VALID REPORT OF BIRTH ABROAD OF U.S. CITIZEN (FS-240) #: _____				

DOCUMENTS FOR NON - U.S. CITIZENS

<input type="checkbox"/>	ALIEN REGISTRATION NUMBER: VALID ALIEN REGISTRATION # : _____	EXPIRATION DATE: _____
	VALID I-551, PERMANENT RESIDENT CARD # : _____	EXPIRATION DATE: _____
<input type="checkbox"/>	I-766, EMPLOYMENT AUTHORIZATION CARD: VALID I-766, EMPLOYMET AUTHORIZATION CARD # : _____	EXPIRATION DATE: _____
<input type="checkbox"/>	DSP-150, BORDER CROSSING CARD: VALID DSP-150, BORDER CROSSING CARD NUMBER: _____	EXPIRATION DATE: _____
<input type="checkbox"/>	I-327, RE-ENTRY PERMIT: VALID I-327, RE-ENTRY PERMIT # : _____	EXPIRATION DATE: _____
<input type="checkbox"/>	I-571, REFUGEE TRAVEL CARD: VALID I-571, REFUGEE TRAVEL CARD # : _____	
<input type="checkbox"/>	I-94, ARRIVAL/DEPARTURE RECORD: VALID I-94, ARRIVAL/DEPARTURE RECORD # : _____	

EMPLOYMENT INFORMATION

I AM CURRENTLY EMPLOYED. ☐ YES ☐ NO

EMPLOYER'S NAME

STREET ADDRESS

CITY	STATE	ZIP	COUNTRY	TELEPHONE NUMBER
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PRIOR STA QUESTION

HAVE YOU UNDERGONE OR ARE YOU UNDERGOING A DHS (INCLUDING TSA) SECURITY THREAT ASSESSMENT? ☐ YES ☐ NO

NAME OF SECURITY THREAT ASSESSMENT PROGRAM (E.G., AVIATION WORKER, CERTIFIED CARGO SCREENING, INDIRECT AIR CARRIER, TWIC, FAST, MMD, ETC.):

ADDITIONAL SECURITY THREAT ASSESSMENT PROGRAM

HAVE YOU HAD OR DO YOU HAVE A DHS/TSA CREDENTIAL (e.g., Aviation Worker, Certified Cargo Screening, Indirect Air Carrier, TWIC, FAST, MMD, etc.)? ☐ YES ☐ NO

TYPE OF DHS/TSA CREDENTIAL	CREDENTIAL REFERENCE NUMBER
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ADDITIONAL DHS/TSA CREDENTIAL	CREDENTIAL REFERENCE NUMBER
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REQUIRED HME QUESTIONS

1. HAVE YOU BEEN CONVICTED, OR FOUND NOT GUILTY BY REASON OF INSANITY, OF ANY DISQUALIFYING FELONY LISTED IN SECTION 1, PART A, IN ANY JURISDICTION, MILITARY OR CIVILIAN, IN THE LAST 7 YEARS BEFORE THE DATE OF THIS APPLICATION? ☐ YES ☐ NO
2. HAVE YOU BEEN CONVICTED, OR FOUND NOT GUILTY BY REASON OF INSANITY, OF ANY DISQUALIFYING FELONY LISTED IN SECTION 1, PART B, IN ANY JURISDICTION, MILITARY OR CIVILIAN? ☐ YES ☐ NO
3. ARE YOU WANTED OR UNDER INDICTMENT FOR ANY DISQUALIFYING CRIME LISTED IN SECTION 1, PARTS A OR B? ☐ YES ☐ NO
4. HAVE YOU BEEN RELEASED FROM INCARCERATION IN ANY JURISDICTION, MILITARY OR CIVILIAN, FOR COMMITTING ANY DISQUALIFYING FELONY LISTED IN SECTION 1. PART A. IN DURING THE 5 YEARS BEFORE THE DATE OF THIS APPLICATION? ☐ YES ☐ NO
5. HAVE YOU EVER BEEN FOUND BY A COURT OR OTHER LAWFUL AUTHORITY AS LACKING MENTAL CAPACITY OR INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION? ☐ YES ☐ NO

I, the undersigned, have been informed that Federal regulations under 49 CFR 1572.11(c) impose a continuing obligation to disclose to the Transportation Security Administration (TSA) within 24 hours if I am convicted of, wanted, under indictment, or found not guilty by reason of insanity of any disqualifying crime, or adjudicated as lacking mental capacity or committed to a mental institution, renounce or lose my U.S. citizenship, or violate my immigration status and/or am ordered removed from the U.S. while I have a hazardous materials endorsement for a CDL.

I acknowledge that if TSA determines that I pose a security threat, my employer, as listed on this application, may be notified.

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement, or an omission of a material fact, on this application can be punished by a fine or imprisonment or both (see section 1001 of Title 18 United States Code), and may be grounds for denial of a hazardous materials endorsement.

APPLICANTS SIGNATURE:	PHONE NUMBER:	DATE (mm/dd/yyyy):
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- This application and your Federal Fee must be submitted after you successfully complete your HME Knowledge Test.
- You **MUST** appear in person at a Driver License Center and provide proof of U.S. citizenship or appropriate immigration status to apply. (See below) As part of your Security Threat Assessment you will be fingerprinted. Further instructions on this part of the process will be provided to you at the Driver License Center after this application is processed.
- PennDOT will be collecting \$34.00, which is the Transportation Security Administration's (TSA) portion of the fee. This fee will be transmitted to the TSA to conduct your Security Threat Assessment and is nonrefundable. Make the check or money order payable to "PennDOT".
- You will be issued a Fingerprint Authorization Letter, which outlines the necessary steps to completing the required background checks. You will be required to pre-register and pay the applicable fingerprinting fee prior to being fingerprinted. (\$21.50; increasing to \$22.75 effective January 1, 2019). To pre-register, visit www.penndotfp.pa.gov or call 1-844-321-2101. **The Service Code for Pennsylvania is 1KG87H.**

- **For detailed information about the fingerprinting process, visit www.dmv.pa.gov.**

NOTICES

PRIVACY ACT STATEMENT: Authority: The authority for collecting this information is 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for a security threat assessment.

PAPERWORK REDUCTION ACT STATEMENT: Public Burden: It is estimated that the time to complete this form is approximately 30 minutes. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control number for this collection is OMB 1652-0027.

ELIGIBILITY REQUIREMENTS

Section 1. List of Disqualifying Criminal Offenses for an HME

Part A: Interim Disqualifying Offenses:

A driver will be disqualified from holding an HME on a CDL if he or she was convicted or found not guilty by reason of insanity within the previous seven years or was released from prison in the last five years for any of the following felonies:

- a) Unlawful possession, use, sale, manufacture, purchase, distribution...or dealing in a firearm or other weapon
- b) Extortion
- c) Dishonesty, fraud, or misrepresentation, including identity fraud and money laundering (except welfare fraud and passing bad checks)
- d) Bribery
- e) Smuggling
- f) Immigration violations
- g) Distribution, possession with intent to distribute, or importation of a controlled substance
- h) Arson
- i) Kidnapping or hostage taking
- j) Rape or aggravated sexual abuse
- k) Assault with intent to kill
- l) Robbery
- m) Fraudulent entry into a seaport
- n) Lesser violations of the RICO (Racketeer Influenced and Corrupt Organizations) Act
- o) Conspiracy or attempt to commit crimes in this section.

ELIGIBILITY REQUIREMENTS (CONTINUED)

Section 1. List of Disqualifying Criminal Offenses for an HME (continued)

Part B: Permanently Disqualifying Criminal Offenses:

An applicant will be disqualified from holding an HME on a CDL if he or she was convicted or found not guilty by reason of insanity or any of the following felonies:

- a) Espionage or conspiracy to commit espionage
- b) Sedition or conspiracy to commit sedition
- c) Treason or conspiracy to commit treason
- d) A federal crime of terrorism
- e) A crime involving a TSI (transportation security incident) Note: A transportation security incident is a security incident resulting in a significant loss of life, environmental damage, transportation system disruption, or economic disruption in a particular area. The term "economic disruption" does not include a work stoppage or other employee related action not related to terrorism and resulting from an employer-employee dispute.
- f) Improper transportation of a hazardous material under 49 U.S.C. 5124 or a comparable State Law
- g) Unlawful possession, use, sale, distribution, manufacture, purchase...or dealing in an explosive or explosive device
- h) Murder
- i) Threat or maliciously conveying false information knowing the same to be false, concerning the deliverance, placement, or detonating of an explosive or other lethal device in or against a place of public use, a state or government facility, a public transportation system, or an infrastructure facility
- j) Certain RICO (Racketeer Influenced and Corrupt Organizations) Act violations where one of the predicate acts consists of one of the permanently disqualifying crimes
- k) Attempt to commit the crimes in items (a)-(d) of this section
- l) Conspiracy or attempt to commit the crimes in items (e)-(j) of this section
- m) Individuals convicted of the crimes in items (a)-(d) of this section are not eligible to apply for a waiver.

Part C: Under Want or Warrant:

A driver will be disqualified from holding an HME on a CDL if he or she is wanted or under indictment in any civilian or military jurisdiction for a felony listed under Part A or Part B until the want or warrant is released.

Section 2: Permissible Legal Status to HOLD an HME (49 CFR 1572.105)

An individual applying for a security threat assessment for an HME must be a national of the United States or:

- a) A lawful permanent resident of the United States
- b) A refugee admitted under 8 U.S.C. 1157
- c) An alien granted asylum under 8 U.S.C. 1158
- d) An alien in valid M-1 nonimmigrant status who is enrolled in the United States Merchant Marine Academy or a comparable State maritime academy, Such individuals may serve as unlicensed mariners on a documented vessel, regardless of their nationality, under 46 U.S.C. 8103.
- e) A nonimmigrant alien admitted under the Compact of Free Association between the United States and the Federated States of Micronesia, the United States and the Republic of the Marshall Islands, or the United States and Palau.
- f) An alien in lawful nonimmigrant status who has unrestricted authorization to work in the United States - except: an alien in valid S-5 (informant of criminal organization information) lawful nonimmigrant status, valid S-6 (informant of terrorism information) lawful nonimmigrant status, valid K-1 (Fianco(e)) lawful nonimmigrant status, or valid K-2 (Minor child of Fianco(e)) lawful nonimmigrant status.
- g) An alien in the following lawful nonimmigrant status who has restricted authorization to work in the United States - 1) C-1/D Crewman Visa 2) H-1B Special occupations 3) H-1B1 Free Trade Agreement 4) E-1 and E-2 Treaty Trader 5) E-3 Australian in Specialty Occupation 6) L-1 Intracompany Executive Transfer 7) L-1A Managers/Executives 8) L-1B Specialized Knowledge Staff 9) M-1 Merchant Marine Academy or a comparable State maritime 10) O-1 Extraordinary Ability 11) TN North American Free Trade Agreement; or 12) B1/OCS Business Visitor/Outer Continental Shelf.

Visit us at www.dmv.pa.gov or call us at: 1-717-412-5300