

Pre-Qualification Survey

Prepared By:	Approval:
PIC Team	Advisory Council: 02/20/2018

Document Number AMTA-PIC-FM-02	Document Classification: Controlled	Document Level: L4 Forms	Revision NO. 1.0	Approval:
				Standards Committee: 01/10/2018

Company Name:	
MVID#:	
Contact Name:	
Phone Number:	

1.0 PRE-QUALIFICATION SURVEY

1. Do you have an NSC number? **Yes** **No**

Please provide your NSC number: _____

Please provide your operating status: _____

Please provide your Safety Fitness Rating: _____

2. Have you had an NSC Audit completed by a certified 3rd party auditor within the last 12 months and obtained an acceptable score? **Yes** **No**

Please provide your Audit Score: _____
(10% or less in violation required)

3. If accepted as a PIC applicant, are you prepared to provide a full copy of the NSC Audit document? **Yes** **No**

4. Do you have a current Certificate of Recognition (COR)? **Yes** **No**

Please provide COR Cert. number (if applicable): _____

Please provide your COR Score (if applicable): _____
(no less than 80%)



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5. Are you prepared to submit action plans verifying deficiencies in your current COR/NSC audit are being addressed? **Yes** **No**

6. Does your company have a procedure for monitoring WCB Lost Time Claims? **Yes** **No**

7. Please provide your R-Factor as documented on your Carrier Profile?

8. Do you feel your company can meet the expectation of a PIC member for the Out of Service benchmark of less than 21% (Truck) or less than 12% (Bus) consistently?

Yes **No**

(refer to part 3 of your Carrier Profile)

9. Do you feel your company can meet the expectation of a PIC member for the Hours of Service benchmark of less than 2.9% for Fatigue Violations and less than 5.9% for Form and Manner Violations, consistently?

Yes **No**

10. Have you been on monitoring with Carrier Services in the past 12-months?

Yes **No**

2.0 DOCUMENT CHANGE RECORD TABLE

Revision Number	Effective Date	Responsible	Part Affected/ Document#	Description of Change
001	08/27/2019	SF	AMTA-PIC-FM-02	Add Contact Name and Number

