APPENDIX "D" DESCRIPTION OF SAFETY PROGRAM

As the(Title)	with/of	with/of I am fully (Name of Applicant Company)					
familiar with my company's or	perations and herein ver	ify that	(Nar	ne of Applic	ant Comp	any)	
has in place a program to ens	ure substantial complia	nce with all	applica	ble safet	y rules a	ınd regulations of	
the Alabama Public Service	Commission, as well	as those	of the	United	States	Department of	
Transportation. In addition to all other requirements,							
specifically maintains: files	on each driver with al	l required o	Iriver for	ms and i	nformati	on; files on each	
vehicle with all required form	s including maintenanc	e and safe	ety insp	ection re	ecords;	and all required	
written records of drivers' hou	ırs.						
		(Sig	nature of	Company F	Representa	ative)	
		(Print	ed Name	of Compan	y Represe	entative)	