



# Commercial Vehicle Safety Division (CVSD) Safety Presentation Request Form

To request a CVSD safety presentation, complete this form and return it to: [ra-spmcsaptrncoord@pa.gov](mailto:ra-spmcsaptrncoord@pa.gov).  
Forward any questions to Corporal Zeina Black at [zeblack@pa.gov](mailto:zeblack@pa.gov).

Date of Submission                      Carrier Name    Carrier USDOT#

Please provide three preferred dates and times.

Date                      Time                      Date                      Time                      Date                      Time

NOTE: All safety presentations are held Monday-Friday during normal business hours. Requests made less than 2 months in advance are not guaranteed due to operational need.

Number of Attendees                      Attendees Classification (Staff, drivers, mechanics, etc.)

Specific Address of the Safety Presentation

Are you a hazardous materials carrier?      Yes, Bulk      Yes, Non-Bulk      No

If yes, please list the materials and hazard classes below.

Material    Class

Material    Class

Material    Class

Is there any specific information you would like to have presented, such as load securement, weight compliance, hours-of-service requirements, etc.?

Are you requesting a Level II inspection demonstration?      Yes      No

NOTE: You must provide a commercial vehicle(s) for this demonstration.

What is the nature of your carrier operations (e.g. general freight, heavy machinery, agriculture, school bus)?

What types of vehicles does the carrier operate?

What is the GVWR of your vehicles (example: 10,001 lbs. to 33,000 lbs.)?

Will the presentation of the State Police Commercial Vehicle Safety Division be in conjunction with any other event, such as a Safety Day? If so, please explain.

Check the items that are available for the presenters at the presentation location.

Food      Water      Projector      Projector Screen      HDMI Cable  
Audio System (if needed for large crowds)      Computer hooked to the projection system  
Remote to advance slides      Table      Power supply within 2 feet of presenter station

Name of Requestor

Requestor Title

Requestor Phone Number

Requestor Email

Will the requestor be there the day of the event?      Yes      No

If "no," please provide information for someone who will be at the event location.

Event Contact

Event Contact Title

Event Contact Phone Number

Event Contact Email