

I. Employer:

Company Name: Ohio Department of Transportation

Doing Business As (DBA) Name (if applicable): Office of Transit

Address: 1980 West Broad Street, 2nd Floor Mail Stop #3110 Columbus Ohio 43223 E-mail: Lori.Spencer@dot.state.oh.us

Name of Certifying Official: Marianne E. Freed Signature: _____

Telephone: (614) 466-7084 Date Certified: 03-13-2014

Prepared by (if different): Lori K. Spencer Telephone: (614) 466-5262

C/TPA Name and Telephone (if applicable): _____ () _____

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

___ FMSCA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

___ FAA - Aviation: Certificate # (if applicable): _____ Plan/Registration # (if applicable): _____

___ PHMSA - PipeLine: (Check) Gas Gathering __ Gas Transmission __ Gas Distribution __ Transport Hazardous Liquids __ Transport Carbon Dioxide.

___ FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees: _____

USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

(

(B) Enter Total Number of Employee Categories:

0

(C)

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Operation	0

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

[illegible]

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(

(B) Enter Total Number of Employee Categories:

0

(C)

Employee Category	Total Number of Employees in this Category
Revenue Vehicle Control/Dispatch	0

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

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X FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

(

(B) Enter Total Number of Employee Categories:

0

(C)

Employee Category	Total Number of Employees in this Category
CDL/Non-Revenue Vehicle	0

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

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(

(B) Enter Total Number of Employee Categories:

0

(C)

Employee Category	Total Number of Employees in this Category
Armed Security Personnel	0

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

[illegible]

IV. Alcohol Testing Data:

[illegible]