

**PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
ZERO TOLERANCE POLICY DECLARATION FORM**

YOUR FILE NUMBER

Carrier Name _____

TCP _____

Pursuant to Decision 13-09-045 Ordering Paragraph 1 – Safety Requirement d, TNCs shall institute a zero tolerance intoxicating substance policy with respect to drivers as follows:

1. The TNC shall include on its website, mobile application and riders' receipts, notice/information on the TNC's zero-tolerance policy and the methods to report a driver whom the rider reasonably suspects was under the influence of drugs or alcohol during the course of the ride.
2. The website and mobile application must include a phone number or in-app call function and email address to contact to report the zero-tolerance complaint.
3. Promptly after a zero-tolerance complaint is filed, the TNC shall suspend the driver for further investigation.
4. The website and mobile application must also include the phone number and email address of the Commission's Passenger Section: 1-800-894-9444 and CIU_intake@cpuc.ca.gov.

TCPs shall be responsible for ensuring compliance with this requirement, and shall maintain records of such compliance for a minimum of three years.

CERTIFICATION

I (we) certify (or declare), under penalty of perjury, that I (we) have read and understand the above requirement regarding zero tolerance policy disclosures and procedures, and that I (we) am (are) able to and will comply with it. I (we) certify (or declare), under penalty of perjury, that the foregoing is true and correct.

Date: _____

Print Name of Applicant / Officer

Signature of Applicant(s)

Signature of Corporate Officer

Title of Corporate Officer