HAV-01

111	pennsylvania
70	DEPARTMENT OF TRANSPORTATION

Notice of Testing		DEPARTMENT OF TRANSPORTATION				
		New Form	Update	to existing form		WWW.PennDOT.GOV/AV
1	Tester Information					
	a) Tester Name:					
	b) Address:					
	c) Mailing Address (if different from Address):					
	d) Principal Point-of-Contact for Testing					
	i) Name:					
	ii) Title:					
	iii) Telephone Number:					
	iv) Email Address:					
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2	Vehicle Information (List All Applicable Vehicles Testing) a) License Plate Number:	ir you nave more	tnan 7 veni	cies, piease list the	em on Supplement for	m
	b) State Issued:					
4	c) VIN Number, if applicable¹:				Modify	Delete
1	d) Year, Make & Model:					
	e) Proof of Current Registration:					
	a) License Plate Number:					
	b) State Issued:					
2	c) VIN Number, if applicable ¹ :			Add	Modify	Delete □
	d) Year, Make & Model:					
	e) Proof of Current Registration:					
	a) License Plate Number:					
	b) State Issued:					
3	c) VIN Number, if applicable ¹ :			Add	Modify	Delete □
	d) Year, Make & Model:					
	e) Proof of Current Registration:					
	a) License Plate Number:					
	b) State Issued:			Add	Modify	Delete
4	c) VIN Number, if applicable ¹ :					
	d) Year, Make & Model:					
	e) Proof of Current Registration:					
	a) License Plate Number:					
	b) State Issued:			Add	Modify	Delete
5	VIN Number, if applicable ¹ :					
	d) Year, Make & Model:			_	_	_
	e) Proof of Current Registration:					
				Add	Modify	Delete □
	b) State Issued:					
6	c) VIN Number, if applicable¹:					
	d) Year, Make & Model:					
	e) Proof of Current Registration:					
7	a) License Plate Number:					
	b) State Issued:			Add	Modify	Delete
	c) VIN Number, if applicable ¹ :			- "		
	d) Year, Make & Model: e) Proof of Current Registration:					
	o, i toot of outlett Negistration.				l	i

Date:

3	Safe	ety Driver Information (List All Applicable Employees, Contractors, and D	Acciances) If you have more the	on 11 Drivers, places list the	om on Supplement form
3	a)	Legal Name (First, Middle, Last):	vesigitees) ii you nave more tha	iri TT Drivers, piease iist trie	erri ori Suppierrierit iorrii
1	b)	Driver License Number:			
	c)	State or Country Issued:	Add	Modify	Delete
	d)	Training Completion Date:			
	e)	Enhanced Performance Driver Training Completion Date, if applicable ² :			
	a)	Legal Name (First, Middle, Last):			
	b)	Driver License Number:		Modify	Delete
_	c)	State or Country Issued:	Add		
2	d)	Training Completion Date:			
	e)	Enhanced Performance Driver Training Completion Date, if applicable ² :			
<u> </u>	a)	Legal Name (First, Middle, Last):			
	b)	Driver License Number:			Delete
_	c)	State or Country Issued:	Add	Modify	
3	d)	Training Completion Date:			
	e)	Enhanced Performance Driver Training Completion Date, if applicable ² :			
	H.	Legal Name (First, Middle, Last):			
	a) b)	Driver License Number:		Modify	Delete
	-		Add		
4	c)	State or Country Issued:			
	d)	Training Completion Date: Enhanced Performance Driver Training Completion Date, if applicable ² :			
	e)				
	a)	Legal Name (First, Middle, Last):		Modify	Delete
	b)	Driver License Number:	Add		
5	c)	State or Country Issued:			
	d)	Training Completion Date:			
	e)	Enhanced Performance Driver Training Completion Date, if applicable ² :			
	a)	Legal Name (First, Middle, Last):		Modify	Delete
	p)	Driver License Number:	Add		
6	c)	State or Country Issued:			
	d)	Training Completion Date:			
	e)	Enhanced Performance Driver Training Completion Date, if applicable ² :			
	a)	Legal Name (First, Middle, Last):		Modify	Delete
	b)	Driver License Number:	Add		
7	c)	State or Country Issued:	Add		
	d)	Training Completion Date:			
	e)	Enhanced Performance Driver Training Completion Date, if applicable ² :			
	a)	Legal Name (First, Middle, Last):			
	b)	Driver License Number:	٨؞٨	Modify	Delete
8	c)	State or Country Issued:	Add 🗆		
	d)	Training Completion Date:			
	e)	Enhanced Performance Driver Training Completion Date, if applicable ² :			
	a)	Legal Name (First, Middle, Last):			
9	b)	Driver License Number:		Modify	Delete
	c)	State or Country Issued:	Add		
	d)	Training Completion Date:			
	e)	Enhanced Performance Driver Training Completion Date, if applicable ² :			
	a)	Legal Name (First, Middle, Last):		Modify	Delete
10	b)	Driver License Number:	Add		
	c)	State or Country Issued:]	

Date:

Update

d)	Training Completion Date:
e)	Enhanced Performance Driver Training Completion Date, if applicable ² :

4	Location Information - List of Counties where testing is expected to occur. If test trafficways in a County, only provide the trafficway:	ing will only occu	r on limited access	
5	Applicant Acknowledgements Check each box to acknowledge			
	a) That the HAV complies with all applicable federal laws and regulations. If the National Highway Safety Administration has granted the manufacturer or tester an appropriate exemption or waiver for the vehicle(s), the tester shall be capable of providing proof upon request. b) That any HAV titled and registered in Pennsylvania complies with the requirements of 67 Pa. Code Ch. 175, relating to required safety and emissions inspections, required, and the requirements of Chapter 17 of Title 75 of the Pennsylvania Consolidated Statutes, relating to financial and insurance responsibilities. c) That the HAV has been tested under controlled conditions (e.g., in simulation, closed track or on-road) for the Operational Design Domain (ODD) in which the Test intends the HAV to operate and the Tester has reasonably determined that the HAV is capable of operation within the parameters of the ODD(s). d) That HAV is capable of operating in compliance with all applicable traffic and motor vehicle laws and can obey traffic control devices within its ODD. e) That during testing a safety driver will be present in the driver's seat of the HAV and is either in immediate physical control of the HAV or is actively monitoring HAV operations and can take over immediate physical control during operation. f) That the HAV can safely alert the safety driver, when applicable, that the safety driver must take control back of the HAV. g) That the HAV has a mechanism to engage and disengage the ADS that is easily accessible to the HAV safety driver, the secondary safety associate, law enforcement and other emergency responder personnel. h) That the HAV has an audio signal or visual display inside the cabin to indicate when the ADS is engaged. i) That the HAV is equipped with ameans to record operational data before a collision occurs ³ . The data shall be made available to PennDOT and applicable law enforcement agencies upon request. j) That the Tester has considered and implemented reasonable measures, which may include industry sta			
6	Required Submissions – PennDOT requires the submission of either of the follow	ng:		
	Safety and Risk Mitigation Plan -or- Voluntary Safety Self-assessment	New New	Update Update	
7	Operational Requirements	<u> </u>		

Enhanced Performance Driver Training Plan

Click here for instructions on how to upload HAV forms

Click here to go to GlobalScape

¹ Vehicle taken directly from an Original Equipment Manufacturer's assembly line, used for testing, and then immediately disposed of may not have a VIN Number.

 $^{^{2}}$ Refer to Section 7 – Operational Requirements.

³ At a minimum, the HAV should have the capability to record the HAV observed and how the HAV reacted to the information.

⁴ The Safety and Risk Mitigation Plan ("Safety Plan") is operator focused and aims to ensure that the Tester has an adequate program to ensure driver training that encompasses both traditional driver performance expectations and proper driver-HAV test vehicle interaction.