



# HAV NOTICE OF TESTING

NEW FORM     UPDATE TO EXISTING FORM    DATE: \_\_\_\_\_

## A TESTER INFORMATION

Tester Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different from Address): \_\_\_\_\_

### PRINCIPAL POINT-OF-CONTACT FOR TESTING

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## B VEHICLE INFORMATION (List All Applicable Vehicles Testing) *If you have more than 5 vehicles, please list them on Supplement form.*

License Plate Number:	Jurisdiction Issued:	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
VIN Number, if applicable <sup>1</sup> :	Year, Make & Model:	
Engine Type:	Proof of Current Registration: <small>Add interactive Box</small>	
Second License Plate Number:	Jurisdiction Issued:	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
VIN Number, if applicable <sup>1</sup> :	Year, Make & Model:	
Engine Type:	Proof of Current Registration: <small>Add interactive Box</small>	
Third License Plate Number:	Jurisdiction Issued:	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
VIN Number, if applicable <sup>1</sup> :	Year, Make & Model:	
Engine Type:	Proof of Current Registration: <small>Add interactive Box</small>	
Fourth License Plate Number:	Jurisdiction Issued:	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
VIN Number, if applicable <sup>1</sup> :	Year, Make & Model:	
Engine Type:	Proof of Current Registration: <small>Add interactive Box</small>	
Fifth License Plate Number:	Jurisdiction Issued:	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
VIN Number, if applicable <sup>1</sup> :	Year, Make & Model:	
Engine Type:	Proof of Current Registration: <small>Add interactive Box</small>	

### ACCESSIBILITY

Are any of your vehicles wheelchair accessible? <input type="radio"/> YES <input type="radio"/> NO	If YES, list by VIN Number:	If YES, any applicable accommodations:
Do any of your vehicles offer amenities for drivers or passengers with disabilities? <input type="radio"/> YES <input type="radio"/> NO	If YES, list by VIN Number:	If YES, any applicable accommodations:

## C SAFETY DRIVER INFORMATION (List All Applicable Employees, Contractors & Designees) *If you have more than 9 drivers, please list them on Supplement form.*

Legal Name (First, Middle, Last):	Training Completion Date:	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
Driver License Number:	State or Country Issued:	
Legal Name (First, Middle, Last):	Training Completion Date:	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
Driver License Number:	State or Country Issued:	
Legal Name (First, Middle, Last):	Training Completion Date:	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
Driver License Number:	State or Country Issued:	

<b>C SAFETY DRIVER INFORMATION (continued)</b> <i>If you have more than 9 drivers, please list them on Supplement form.</i>			
Legal Name (First, Middle, Last):		Training Completion Date:	
Driver License Number:	State or Country Issued:	Enhanced Performance Driver Training Completion Date, if applicable <sup>2</sup> :	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
Legal Name (First, Middle, Last):		Training Completion Date:	
Driver License Number:	State or Country Issued:	Enhanced Performance Driver Training Completion Date, if applicable <sup>2</sup> :	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
Legal Name (First, Middle, Last):		Training Completion Date:	
Driver License Number:	State or Country Issued:	Enhanced Performance Driver Training Completion Date, if applicable <sup>2</sup> :	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
Legal Name (First, Middle, Last):		Training Completion Date:	
Driver License Number:	State or Country Issued:	Enhanced Performance Driver Training Completion Date, if applicable <sup>2</sup> :	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
Legal Name (First, Middle, Last):		Training Completion Date:	
Driver License Number:	State or Country Issued:	Enhanced Performance Driver Training Completion Date, if applicable <sup>2</sup> :	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE
Legal Name (First, Middle, Last):		Training Completion Date:	
Driver License Number:	State or Country Issued:	Enhanced Performance Driver Training Completion Date, if applicable <sup>2</sup> :	<input type="radio"/> ADD <input type="radio"/> MODIFY <input type="radio"/> DELETE

<b>D PASSENGER INFORMATION</b>	
Do you provide rides to members of the public, not including government officials, members of the media, or those employed by the Tester or their family members, or otherwise affiliated with the Tester?	<input type="radio"/> YES <input type="radio"/> NO
If yes, provide a copy of any Terms and Conditions that a passenger agrees to when riding in the HAV, if applicable.	Add interactive Box
If yes, provide information on training and/or guidance related to passenger safety, if applicable.	
If yes, provide information how the Tester ensures the safety driver and secondary safety associate stay focused on driving task and not become distracted due to passengers in the vehicle.	
If yes, state if the services are free to passenger or if a fare is charged.	
If yes, identify zip code(s) where services are provided.	
If yes, describe how the HAV provides feedback to passengers during the trip (e.g., mobile app or auditory alerts), if applicable.	

<b>E LOCATION INFORMATION</b>
<b>New Testers</b> - List of counties and, if applicable, first and second class cities where testing is expected to occur over the life of the Authorization. If testing will only occur on limited access trafficways, only provide the trafficway.
<b>Existing Testers Renewing Their Authorization</b> - List of zip codes where testing is currently occurring. In addition, the Tester shall provide a list of Counties and, if applicable, first and second class cities where additional testing is expected to occur over the life of the Authorization, if known. <sup>3</sup> If testing will only occur on limited access trafficways, only provide the trafficway.

<b>F</b>	<b>APPLICANT ACKNOWLEDGEMENTS (Check each box to acknowledge)</b>	<b>Date:</b>
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- a) When required by federal law, the HAV (i) has been certified in accordance with federal regulations in 49 C.F.R. part 567 as being in compliance with applicable federal motor vehicle safety standards and bears the required certification label, or (ii) bears labels referencing any exemption granted under applicable federal law.
- b) That any HAV titled and registered in Pennsylvania complies with the requirements of 67 Pa. Code Chs. 175 and 177, relating to required safety and emissions inspections, as required, and the requirements of Chapter 17 of Title 75 of the Pennsylvania Consolidated Statutes, relating to financial and insurance responsibilities.
- c) The Tester has taken reasonable steps (e.g., controlled testing in simulation, closed track or on-road) to ensure the HAV is capable of operation within the parameters of the Operational Design Domain (ODD).
- 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.<sup>4</sup>
- e) If Original Equipment Manufacturer (OEM)-equipped Advanced Driver Assistance Systems (ADAS) are active, that the ADS and ADAS can appropriately function together as intended by the Tester.
- f) 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. That the HAV can safely alert the safety driver, when applicable, that the safety driver must take control back of the HAV.
- g) That a secondary safety associate is present in the vehicle (in the forward passenger seat if installed in the vehicle<sup>5</sup>) unless the Tester complies with Section 8 – Testing with a Single Safety Driver. That the HAV has an audio signal or visual display inside the cabin to indicate when the ADS is engaged.
- h) That the HAV can safely alert the safety driver, when applicable, that the safety driver must take control back of the HAV.
- i) That the HAV has a mechanism to engage and disengage the ADS that is easily accessible to the HAV safety driver, and a means for the secondary safety associate, or an Emergency Service Responder, to disengage the ADS, if necessary.
- j) That the HAV has an audio signal or visual display inside the vehicle to indicate when the ADS is engaged.
- k) That the HAV is equipped with a means to store operational data before a collision occurs<sup>6</sup>. The data shall be made available to PennDOT and applicable law enforcement agencies upon request in the event a reportable crash occurs<sup>7</sup>.
- l) That the Tester has considered and implemented reasonable measures, which may include industry standards, best practices, company policies, or other methods, to mitigate cybersecurity risk.
- m) That all safety drivers and secondary safety associates have successfully completed the HAV tester's safety driver training program.
- n) That quality controls are deployed and monitored to ensure the acknowledgements checked above are implemented, adhered to and measured to ensure safe operation.
- o) That PennDOT will share the Notice of Testing and the Semi-Annual Data Collection Form upon request of any municipality where testing will be occurring.<sup>8</sup>
- p) That PennDOT will share Crash Reporting with any applicable municipality.
- q) That PennDOT will share the contents of Section 9 - Emergency Service Responder Plan with any applicable Emergency Service Responder.<sup>9</sup>

<b>G</b>	<b>REQUIREMENT SUBMISSIONS</b>
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PENNDOT REQUIRES THE SUBMISSION OF EITHER OF THE FOLLOWING: Select One: <input type="radio"/> Safety and Risk Mitigation Plan   OR <input type="radio"/> Voluntary Safety Self-assessment	Add interactive Box	<input type="radio"/> NEW <input type="radio"/> UPDATE
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<b>H</b>	<b>TESTING WITH A SINGLE SAFETY DRIVER (if applicable)</b>
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<input type="radio"/> Single Safety Driver Testing Plan	Add interactive Box	<input type="radio"/> NEW <input type="radio"/> UPDATE
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<b>I</b>	<b>EMERGENCY SERVICE RESPONDER PLAN</b>
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<input type="radio"/> Emergency Service Responder Plan	Add interactive Box	<input type="radio"/> NEW <input type="radio"/> UPDATE
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<sup>1</sup> 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.

<sup>2</sup> Refer to Section 8 – Testing with a Single Safety Driver

<sup>3</sup> Testers should only include counties and first and second class cities where testing is not currently occurring.

<sup>4</sup> The Tester is encouraged to coordinate with law enforcement, municipalities, and PennDOT when developing the ADS to address traffic laws that involve discretionary judgement, if there are questions on what constitutes an action.

<sup>5</sup> The secondary safety associate may be located in a seat other than the forward passenger seat if the Tester can explain how there is no impact to communications with the safety driver.

<sup>6</sup> At a minimum, the HAV should have the capability to store what the HAV observed and how the HAV reacted to the information.

<sup>7</sup> Such request shall specify the type of data that is being requested, shall be narrowly construed to include only relevant information, and shall be provided within a reasonable time in a reasonable format.

<sup>8</sup> A Tester may provide PennDOT with a redacted Notice of Testing and Semi-Annual Data Collection Form to be shared with municipalities. Testers should only redact information they deem confidential and/or a trade secret. PennDOT will instruct municipalities to treat such documents as confidential.

<sup>9</sup> When sharing contents with Emergency Service Responders, PennDOT will advise that the information should be treated as confidential.

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