



Commercial Driver License or Medical Examiner's Certificate Renewal Reimbursement Policy and Request Form

In accordance with Article 18(a) of the collective bargaining agreement between the AMPTP and Studio Transportation Drivers Local #399 (the "Black Book"), the Commercial Driver License (CDL) or Medical Examiner's Certificate (MEC) renewal reimbursement program has been established to provide reimbursement to drivers for certain eligible approved expenses.

Eligibility: Only those drivers active on the Industry Experience Roster for Local #399 with a valid MEC and CDL are eligible to receive reimbursement. The current Industry Experience Roster may be viewed at <https://portal.csatf.org/roster/general>.

CDL or MEC Renewal Reimbursement Policy:

CDL renewal fee(s) or a maximum of \$105.00 MEC renewal fee(s) incurred by an eligible driver will be reimbursed. In order to be reimbursed, medical examinations must be completed by a certified medical examiner listed on the National Registry of Certified Medical Examiners (NRCME). In accordance with the Black Book, MEC renewal fee(s) are to be reimbursed by Contract Services no more than once per year.

You must provide Contract Services with sufficient documentation to substantiate that you incurred the fee(s) for which you are seeking reimbursement. Such documentation must be submitted to Contract Services within ninety (90) days of incurring the fee(s).

This program is an "accountable plan" as provided in Internal Revenue Code Section 62(a)(2)(A) and the Treasury Regulations promulgated thereunder. To ensure that you receive prompt reimbursement for your eligible employment-related expenses, you must meet several requirements. You will be required to return to Contract Services within a reasonable time any excess reimbursement that is made to you in the event of any inadvertent overpayment.

Please submit one completed Reimbursement Policy and Request Form per CDL or MEC and return with the following items:

1. Copy of the receipt(s) or invoice(s)
2. Proof of payment (copy of your credit card receipt, credit card statement, or the front and back of canceled check)
3. Copy of the renewed CDL or MEC

Check one per request: Commercial Driver License Renewal Medical Examiner's Certificate Renewal

Local/Classification:			
Local #399	Job Classification:		
Personal & Contact Information:			
First Name:		Middle Name:	
Last Name:		Suffix (<i>Jr., Sr., II, etc.</i>):	Last 4 of SSN:
Mailing Address:			Unit # (<i>Apt., Ste., etc.</i>):
City:		State:	ZIP Code:
Country (<i>if not United States</i>):			
Cell Phone:		Home Phone:	
Email Address:			

I have read and understood the reimbursement policy and hereby agree to abide by all the terms and conditions contained therein.

Signature: _____ **Date:** _____

You may submit your request for reimbursement with documentation in person, by mail, fax or email to roster399@csatf.org.

Please allow 4-6 weeks for processing your reimbursement request.

Contract Services — Attention: 399 Reimbursements

2710 Winona Avenue
Burbank, CA 91504

Phone Number: 818.565.0550 ext. 1114

Fax Number: 818.565.0535

Staff (for office use only):			
<input type="checkbox"/> Renewal	Receipt Amount: \$	Reimbursement Amount: \$	Code:
Approved By (Initials & Date):	Supervisor (Initials & Date):	Director (Initials & Date):	



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