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### Commercial Driver’s License and Medical Certificate Renewal Reimbursement Policy and Request Form

In accordance with Article 18(a) of the 2010 collective bargaining agreement between the AMPTP and Studio Transportation Drivers Local #399, the Commercial Driver’s License (CDL) and Medical Certificate (MC) Renewal Reimbursement Program has been established to provide reimbursement to drivers for certain eligible approved expenses incurred on or after August 1, 2010. The Program is administered by Contract Services Administration Trust Fund (“CSATF”) on behalf of signatory producers. If you have any questions about this Program, please call CSATF at 818.565.0550 extension 1114.

**Eligibility:** Only those drivers whose name appears on the Industry Experience Roster for Local #399 are eligible to receive reimbursement. The current Industry Experience Roster may be viewed at [www.csatf.org](http://www.csatf.org), Online Roster, General Access.

#### CDL and MC Renewal Reimbursement Policy:

Actual CDL renewal fee(s) and MC renewal fee(s) incurred by an eligible driver will be reimbursed. In no circumstance will MC renewal fee(s) be reimbursed more frequently than once per year.

You must provide CSATF with sufficient documentation to substantiate or proof that you incurred the fee(s) for which you are seeking reimbursement. Such documentation must be submitted to CSATF 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 CSATF within a reasonable time any excess reimbursement that is made to you in the event of any inadvertent overpayment.

Please submit one completed “Request for Reimbursement” per CDL or MC and return with the following items:

- Copy of the receipt(s) or invoice(s).
- Proof of payment (include either a copy of credit card receipt/ credit card statement or a copy of the front and back of the canceled check. )
- Copy of the updated CDL or MC.

Check all applicable:

Commercial Driver’s License Renewal

Medical Certificate Renewal

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Local #: 399 Classification: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

*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 via fax or U.S. Mail or e-mail to [JCordova@csatf.org](mailto:JCordova@csatf.org).**

**CSATF Attention: Joanna Cordova  
2800 Winona Avenue  
Burbank, CA 91504**

**Phone Number: 818.565.0550 extension 1114  
Fax Number: 818.565.0535**

*Please allow 4 weeks for processing your reimbursement request.*