Notice FMCSA—2015–0117 published on August 12, 2015:  
Nicholas Arroyo—Mr. Arroyo has a history of epilepsy. His last seizure was in 2014. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Kevin Scott Brelsford—Mr. Brelsford has a history of epilepsy. His last seizure was in 2010. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Donald Adin Horst—Mr. Horst has a history of a single provoked seizure in 2009 as the result of a subdural hematoma. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Bradley Jolley—Mr. Jolley has a history of a epilepsy. Mr. Jolley did not provide enough medical information to determine the date of his last seizure. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Charles Ray Paul—Mr. Paul has a history of epilepsy. His last seizure was in 2006, and his medical documentation notes that he experiences stereotypical auras. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Eric Lee Troendle—Mr. Troendle has a history of a brain tumor. His last seizure was in 2014. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Brian J. Underwood—Mr. Underwood has a history of epilepsy. His last seizure was in 2003. Mr. Underwood did not provide enough medical information to determine the last change in his anti-seizure medication. He does not meet the MEP guidelines at this time.

Issued on: August 26, 2016.

Larry W. Minor,
Associate Administrator for Policy.

DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration

[Docket No. FMCSA–2015–0321]

Denial of Exemption Applications; Epilepsy and Seizure Disorders

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Notice of denial.

SUMMARY: FMCSA announces its decision to deny applications from nine individuals who requested an exemption from the Federal Motor Carrier Safety Regulations (FMCSRs) prohibiting persons with a clinical diagnosis of epilepsy or any other condition that is likely to cause a loss of consciousness or any loss of ability to operate a commercial motor vehicle (CMV) from operating CMVs in interstate commerce.

FOR FURTHER INFORMATION CONTACT: Christine A. Hydock, Chief, Medical Programs Division, (202) 366–4001, fmcsamedical@dot.gov, FMCSA, Department of Transportation, 1200 New Jersey Avenue SE., Room W64–224, Washington, DC 20590–0001. Office hours are 8:30 a.m. to 5 p.m., except Federal holidays. If you have questions regarding viewing or submitting material to the docket, contact Docket Services, telephone (202) 366–9826.

SUPPLEMENTARY INFORMATION:

I. Electronic Access

You may see all the comments online through the Federal Document Management System (FDMS) at: http://www.regulations.gov.

Docket: For access to the docket to read background documents or comments, go to http://www.regulations.gov and/or Room W12–140 on the ground level of the West Building, 1200 New Jersey Avenue SE., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

Privacy Act: In accordance with 5 U.S.C. 553(c), DOT solicits comments from the public to better inform its rulemaking process. DOT posts these comments, without edit, including any personal information the commenter provides, to http://www.regulations.gov, as described in the system of records notice (DOT/ALL–14 FDMS), which can be reviewed at http://www.dot.gov/privacy.

II. Background

On March 9, 2016, FMCSA published a notice announcing receipt of applications from 31 individuals requesting an exemption from the prohibition against persons with a clinical diagnosis of epilepsy or any other condition that is likely to cause a loss of consciousness or any loss of ability to operate a CMV in interstate commerce and requested comments from the public (81 FR 12547). The public comment period closed on April 8, 2016, and three comments were received, all in support of granting seizure exemptions.

FMCSA has evaluated the eligibility of these applicants and concluded that granting nine of the 31 exemptions would not provide a level of safety that would be equivalent to or greater than, the level of safety that would be obtained by complying with the regulation 49 CFR 391.41(b)(8). A final notice announcing a decision on the remaining 22 requests will be published at a later date.

III. Basis for Exemption Determination

Under 49 U.S.C. 31136(e) and 31315(b), FMCSA may grant an exemption from the Federal epilepsy regulation for a renewable two-year period if it finds “such exemption is likely achieve a level of safety that is equivalent to or greater than the level that would be achieved absent such exemption.”

The Agency’s decision regarding these exemption applications is based on an individualized assessment of each applicant’s medical information, including the root cause of the respective seizure(s) and medical information about the applicant’s seizure history, the length of time that has elapsed since the individual’s last seizure, the stability of each individual’s treatment regimen and the duration of time on or off of anti-seizure medication. The Agency considered the 2007 recommendations of the Agency’s Medical Expert Panel (MEP). The January 15, 2013 Federal Register notice (78 FR 3069) provides the current MEP recommendations which is the criteria the Agency uses to make decisions regarding seizure exemptions.

IV. Conclusion

The Agency has determined that these nine applicants do not satisfy the criteria eligibility or meet the terms and conditions for a Federal exemption and granting these exemptions would not provide a level of safety that would be equivalent to or greater than, the level of safety that would be obtained by complying with the regulation 49 CFR 391.41(b)(8). Therefore, the applicants in this notice have been denied an exemption from the physical qualification standards in 49 CFR 391.41(b)(8).

Each applicant has, prior to this notice, received a letter of final disposition regarding his/her exemption request. Those decision letters fully outlined the basis for the denial and constitutes final action by the Agency. This notice summarizes the Agency’s recent denials as required under 49 U.S.C. 31135(b)(4) by periodically publishing names and reasons for denial. The following drivers were listed previously in Federal Register.
Notice FMCSA—2015–0321 published on March 9, 2016:

George J. Conte—Mr. Conte has a history of epilepsy. His last seizure was in 2014. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Dean W. Drury—Mr. Drury has a history of seizure following surgery in February 2015. He currently takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Ronald Alan Nagy, Jr.—Mr. Nagy underwent a craniotomy for resection of an astrocytoma in June 2015. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Nicholas Ramirez—Mr. Ramirez has a history of a seizure disorder. His last seizure was in 2010. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Tory J. Shuler—Mr. Shuler has a history of seizure. His last seizure was in 2012. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Randall T. Slavik—Mr. Slavik has a history of a single seizure in 2015. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Michael Spinelli, IV—Mr. Spinelli has a history of seizure. His last seizure was in 2015. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Daisy Tapia—Ms. Tapia has a history of a single seizure in 2012 followed by a resection of a benign meningoima. She takes anti-seizure medication. She does not meet the MEP guidelines at this time.

Paul Richard Trombley—Mr. Trombley has a history of a seizure disorder. His last seizure was in 2014. He takes anti-seizure medication. He does not meet the MEP guidelines at this time.

Issued on: August 26, 2016.

Larry W. Minor, Associate Administrator for Policy.

DEPARTMENT OF TRANSPORTATION

Federal Railroad Administration

[Docket Number FRA–2015–0106]

Petition for Special Approval of Alternate Standard

In accordance with Part 232 of Title 49 Code of Federal Regulations (CFR), this document provides the public notice that by a document dated September 17, 2015, the National Railroad Passenger Corporation (Amtrak) has requested a Special Approval of an alternate standard for 49 CFR 238.311(a)—Single car test, as prescribed in 49 CFR 238.21(b)—Special approval procedure. FRA assigned the request Docket Number FRA–2015–0106.

Amtrak requests permission to continue to maintain and test the 9600 series cab coach car CCB II brake systems under the requirements of 49 CFR 229.29 as an alternative maintenance procedure that provides equivalent safety to the standard in APTA–PR–M–S–005–98 Rev 2.1 outlined in 49 CFR 238.311.

Amtrak’s fleet of 9600 series cab coach cars was originally equipped with a 26–C (car) type of brake system along with additional 26–L (locomotive) style of control valves in the cab, to control the brake system when in push/pull service. Amtrak previously maintained and tested the 26–C style of valves per 49 CFR 238.309 and the 26–L style of valves per 49 CFR 229.29, along with the requirement of FRA Form F6180–49A (“Blue Card”) to be located in the cab. The main reservoir leakage tests and the brake cylinder leakage tests were conducted per APTA–PR–M–S–005–98 Rev 2.1.

The cab cars are presently equipped with New York Air Brake’s CCB II brake system designed for locomotives and are being maintained and tested under the requirements of 49 CFR 229.29. The main reservoir leakage test and the brake cylinder leakage test continue to be tested per APTA–PR–M–S–005–98 Rev 2.1. The 92-day and annual test procedures for these CCB II-equipped cab cars are found in documents submitted to the public docket.

Copies of these documents and the petition, as well as any written communications concerning the petition, are available for review online at www.regulations.gov and in person at the U.S. Department of Transportation’s (DOT) Docket Operations Facility, 1200 New Jersey Avenue SE., W12–140, Washington, DC 20590. The Docket Operations Facility is open from 9 a.m. to 5 p.m., Monday through Friday, except Federal Holidays.

Interested parties are invited to participate in these proceedings by submitting written views, data, or comments. FRA does not anticipate scheduling a public hearing in connection with these proceedings since the facts do not appear to warrant a hearing. If any interested party desires an opportunity for oral comment, they should notify FRA, in writing, before the end of the comment period and specify the basis for their request.

All communications concerning these proceedings should identify the appropriate docket number and may be submitted by any of the following methods:

- Web site: http://www.regulations.gov. Follow the online instructions for submitting comments.
- Hand Delivery: 1200 New Jersey Avenue SE., Room W12–140, Washington, DC 20590, between 9 a.m. and 5 p.m., Monday through Friday, except Federal Holidays.

Communications received by October 11, 2016 will be considered by FRA before final action is taken. Comments received after that date will be considered as far as practicable.

Anyone is able to search the electronic form of any written communications and comments received into any of our dockets by the name of the individual submitting the comment (or signing the document, if submitted on behalf of an association, business, labor union, etc.). In accordance with 5 U.S.C. 553(c), DOT solicits comments from the public to better inform its processes. DOT posts these comments, without edit, including any personal information the commenter provides, to www.regulations.gov, as described in the system of records notice (DOT/ALL–14 FDMS), which can be reviewed at www.dot.gov/privacy. See also http://www.regulations.gov/#/privacyNotice for the privacy notice of regulations.gov.

Robert C. Lauby, Associate Administrator for Safety, Chief Safety Officer.