



VOLUNTARY NOTIFICATION OF AUTOMATED VEHICLE TESTING

Complete this form and send to ODOT's Office of Innovation before beginning vehicle test.

CONTACT FOR AV TEST	COMPANY NAME	PHONE	EMAIL
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Please provide the following information. (Text fields max 500 characters. Longer answers may be attached to email submission.)

1. Brief description of technology to be tested. (e.g., aftermarket automated vehicle system for a passenger vehicle.). No confidential business information or proprietary technical details needed.

2. Description of purpose of proposed test (test AV system performance on freeway/in urban environment/etc.)

3. Dates on which testing will or may occur.

4. Routes where testing will occur.

5. Identity of vehicles involved in testing (vehicle type, VIN for each vehicle).

6. Are the drivers employees or contractors with your company and licensed to drive in the State of Oregon?

7. Has the driver received specialized training to operate this type of vehicle and software?

8. Indication of how vehicles will be marked as AVs so law enforcement can identify these vehicles for purposes of public safety.

9. Any environmental conditions (night, rain, snow) in which testing will not occur.

10. Do you have safety protocols in place for atypical scenarios such as work zones or school zones?..... Yes

11. In the unlikely event of a crash, are there special instructions for emergency personnel engaging in victim assistance?

12. Do you assume full liability for any damage resulting from a crash? Yes

13. Evidence of ability to satisfy a judgment of damages (instrument of insurance, surety bond, proof of self-insurance) for at least \$5 million. Attached

14. Do you have a communications plan to contact all impacted jurisdictions before your test? Yes

15. Comments:

Click the Submit button to send to ODOT Office of Innovation, AVTesting@odot.state.or.us. Attach documentation to the resulting email.

Submit