

## SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

This form is to be used by carriers/employers who wish to participate in the Federal Motor Carrier Safety Administration's (FMCSA) Safe Driver Apprenticeship Pilot Program. Carrier applications will be reviewed by FMCSA to determine eligibility. Carriers will be notified of their eligibility status within **XX** days after submitting their application.

APPLICANT INFORMATION					
MOTOR CARRIER NAME	USDOT NUMBER (required)			APPLICATION DATE	
DOING BUSINESS AS	PHONE NUMBER	EMAIL ADDRESS			
MOTOR CARRIER ADDRESS (PO BOX NUMBER)	CITY	STATE	COUNTY	ZIP CODE	
GENERAL INFORMATION					
INTERSTATE AND / OR INTRASTATE (Check all that apply)			FLEET SIZE		
INTERSTATE		INTRASTATE			
WHAT CDL CLASS DO YOUR DRIVERS HAVE? (Check all that apply)					
CLASS A		CLASS B		CLASS C	
WHAT IS YOUR DRIVER TURNOVER RATE?		WHAT STATES DO YOUR DRIVERS TRAVEL THROUGH?			
WHAT IS YOUR PAY STRUCTURE? (hourly, miles, load, etc.)		AVERAGE ANNUAL MILES TRAVELED			
Please estimate the number of eligible experienced drivers you currently employ:					
Please estimate the number of apprentice drivers you expect to apply for enrollment in this program through your company:					
Do you currently have a registered apprenticeship with the DOL? <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 100px;">No</span> <span style="margin-left: 100px;">If yes, please provide RA number:</span>					
Please select what type of equipment you currently have installed as well as other technologies being used. (Check all that apply)					
Electronic Logging Device (Please Specify Brand) Onboard Monitoring System (Please Specify Brand) Video Recording System (Please Specify Brand) Other (Please Specify):					
TYPE OF CARRIER OPERATION (CHECK ALL THAT APPLY)			TYPES OF COMMERCIAL MOTOR VEHICLES YOU EMPLOY (CHECK ALL THAT APPLY)		
Rail / Intermodal Long Haul Truckload Short Haul Less than truckload Other (Please Specify):			Dump Trucks (B)                      Box or Straight Truck (B) Minivan (C / H)                      Agricultural Truck (A / B) Flatbed (A)                              Trunk Tractor Cement Mixer (A / B)                      Cargo van (C / H) Car Carrier (A)                          Pumper (A / B) Tanker (A)                                  Tow (A / B)		

**I certify under penalty of perjury that the information on this form is true and correct to the best of my knowledge, information and belief. I certify that I am in complete compliance with the Federal Motor Carrier's Safety Regulations (FMCSRs). I certify that I have verified all of my driver applicant's information with his / her Commanding Officer.**

**Name of Point of Contact completing this application**

**Signature**

## **SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM**

Please fill out the following information regarding the safety events you will be tracking and submitting data on for all apprentice drivers employed by your company:

Yes                      No                      Threshold Value

Hard-braking

Near Collisions

Speeding

U-Turns

Lane Departure

Failure to Stop

Following too Closely

Distracted Driving

Drowsy Driving

Seatbelt Usage

Cellphone Usage

Other (Please list any other event types you will be providing, or additional information regarding your OBMS):

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### **Public Burden Statement**

*A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is **TBD**. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.*

### **Privacy Statement**

- **Authority:** 49 CFR 381.400; Infrastructure Investment and Jobs Act, Section 23022
- **Purpose:** FMCSA will be collecting this data for use in the research effort title “Safe Driver Apprenticeship Pilot Program”. Additionally, this data may be used for future undetermined research efforts, but cannot be used for enforcement purposes.
- **Routine Uses:** In addition to those disclosures permitted under 5 USC 552a(b) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transportation (DOT) Prefatory Statement of General Routine Uses published in the Federal Register on December 29, 2010 (75 FR 82132), under “Prefatory Statement of General Routine Uses” (available at <http://www.dot.gov/privacy/privacyactnotices>).
- **Disclosure:** The disclosure of this data is voluntary, however, failure to provide the requested information may result in dismissal from participating in the pilot program. For drivers granted privilege to operate under an exemption through this program, dismissal from the pilot program will result in the denial to continue operating under that exemption.