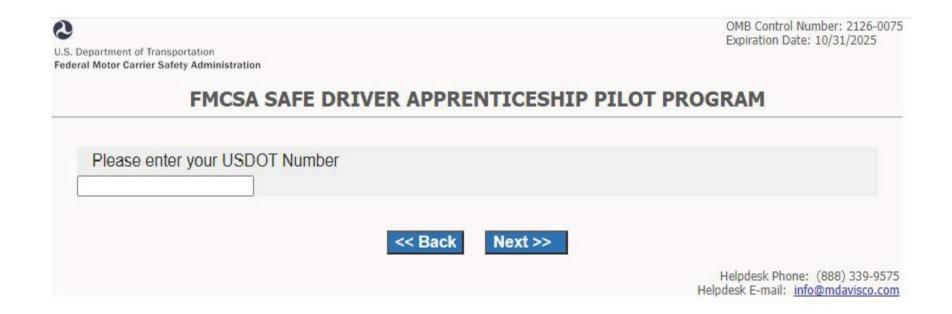
IC-1: Motor Carrier Application





OMB Control Number: 2126-0075 Expiration Date: 10/31/2025

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 30 days after submitting their application.

Note: Carriers must provide proof of insurance coverage for apprentices drivers in order to be accepted into the program.

Click "Next" to continue.



Helpdesk Phone: (888) 339-9575

Helpdesk E-mail: info@mdavisco.com



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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

iness Address					
Street Address	City	State Select an answer •	County	Zip Code	
Prefix First Name	e Last	Name (no space	Phone Number s, dashes, or parentheses, e.g. 1234567890)		
ail Address (this is the e-n	nail address where yo	u will receive important	information related to you	r participation in the Pilot Program)	



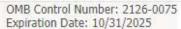
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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

Interstate and/or Intrastate (C	eck all that apply)		
□ Interstate			
□ Intrastate			
Fleet Size			
What CDL class do your drive	's have? (Check all that apply)		
Class A			
□ Class B □ Class C			
What is your driver turnover r	ite?		
%			









SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

) Alabama	☐ Indiana	□ Nevada	□ Tennessee
Alaska	□ lowa		□ Texas
Arizona	☐ Kansas		□ Utah
Arkansas	☐ Kentucky		
California	Louisiana		
□ Colorado		□ North Carolina	Washington
Connecticut	☐ Maryland	□ North Dakota	West Virginia
Delaware	Massachusetts	Ohio	Wisconsin
□ District of Columbia	☐ Michigan	Oklahoma	Wyoming
□ Florida	☐ Minnesota	Oregon	 All Contiguous 48 States
☐ Georgia	☐ Mississippi	□ Pennsylvania	☐ All 50 States
□ Hawaii		☐ Rhode Island	
□ Idaho		☐ South Carolina	
□ Illinois	□ Nebraska	 South Dakota 	







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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

Please estimate the number of apprentice drivers you expect to apply for enrollment in this program through your company:	

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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

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)	
Other (Please Specify):	
Type of carrier operation (check all that apply)	
Rail / Intermodal	
□ Long Haul	
☐ Truckload	
☐ Short Haul	
Less than truckload	
☐ Other (please specify):	

Next >>

<< Back

REVISED SCREEN



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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

The following technologies are <u>required</u> to participate in the Safe Driver Apprenticeship Pilot Program:

- Forward-facing camera monitoring (required until the driver is 21 years of age)
- Automatic manual or automatic transmission (required during the probationary periods only)
- An active braking collision mitigation system (required during the probationary periods only)
- A governed speed of 65 miles per hour at the pedal and under adaptive cruise control (required during the probationary periods only)

☐ By checking this box, you acknowledge that has a sufficient number of CMV's equipped with each of the above technology requirements.







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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

Types of commercial motor vehicles you employ (che	eck all that apply)	
□ Dump Trucks (B)	☐ Box or Straight Truck (B)	
☐ Minivan (C / H)	☐ Agricultural Truck (A / B)	
☐ Flatbed (A)	☐ Truck Tractor	
☐ Cement Mixer (A / B)	☐ Cargo Van (C / H)	
☐ Car Carrier (A)	□ Pumper (A / B)	
☐ Tanker (A)	□ Tow (A / B)	





REVISED SCREEN



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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

Do you currently have a registered apprenticeship with the DOL? (A registered apprenticeship is not required for participation in the SDAP Program.)

- O Yes, I have a Registered Apprenticeship with the DOL
- No, I do not have a Registered Apprenship Number to provide





REVISED SCREEN



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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

Do you currently have a registered apprenticeship with the DOL? (A registered apprenticeship is not required for participation in the SDAP Program.)

- Yes, I have a Registered Apprenticeship with the DOL
- No, I do not have a Registered Apprenship Number to provide

Please enter your RA number or the number of the National Registered Apprenticeship you are operating under:





DELETED SCREEN



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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

Note: You will need to apply for a Registered Apprenticeship with the U.S. Department of Labor before you can be fully accepted into into the Safe Driver Apprenticeship Pilot Program. For information on applying for a Registered Apprenticeship, visit: https://nationalapprenticeship.org/

Please continue to complete the application now, and it will be placed in a "pending" status until a valid Registered Apprenticeship Number is provided. Once you have your RA Number, reach out to info@mdavisco.com or (888) 339-9575 to provide the information and your application will be updated.

If you have reached this screen in error, click the "back" button to enter your Registered Apprenticeship Number. Otherwise, click "Next" to continue with the application.





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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

In order to participate in the Safe Driver Apprenticeship Pilot Program, your insurance policy will need to include coverage for Apprentice Drivers enrolled in the program through your organization. If you do not currently have such coverage, <u>you may still complete this application</u>; and, if accepted, you will be in a "pending" status until your insurance policy has been updated.

Do you currently have an insurance policy which will cover Apprentice Drivers? (you will be required to upload your policy packet or excerpt on the next screen)

O Yes

O No



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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

Insurance Certification

□ By checking this box I certify that test's insurance policy includes coverage for the Apprentice Drivers which will enroll in the Pilot Program through our organization.

Click the "Choose File" button to select the policy document (or excerpt from your policy) to attach to this application as proof of coverage for Apprentice Drivers.

Choose File | No file chosen







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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM
MOTOR CARRIER APPLICATION FORM

Name of Person completing this application	
I certify under penalty of perjury that the information on this form is true and correct to the bin complete compliance with the Federal Motor Carrier's Safety Regulations (FMCSRs). Please sign here:	est of my knowledge, information and belief. I certify that I am
clear	





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SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

Thank you for submitting a Carrier Application! Click "Exit" to exit the system.

