

# IC-1: Motor Carrier Application



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

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

## FMCSA SAFE DRIVER APPRENTICESHIP PILOT PROGRAM

Please enter your USDOT Number

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Helpdesk Phone: (888) 339-9575  
Helpdesk E-mail: [info@mdavisco.com](mailto:info@mdavisco.com)



## ***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.**

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## SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

**Business Name** USDOT Number: 0

Motor Carrier Name

Doing Business As

**Business Address**

Street Address

City

State

County

Zip Code

**Point of Contact**

Prefix  
(Mr/Ms/etc)

First Name

Last Name

Phone Number  
(no spaces, dashes, or parentheses,  
e.g. 1234567890)

**E-mail Address** *(this is the e-mail address where you will receive important information related to your participation in the Pilot Program)*

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## SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

**Interstate and/or Intrastate** (Check all that apply)

- Interstate  
 Intrastate

**Fleet Size**

**What CDL class do your drivers have?** (Check all that apply)

- Class A  
 Class B  
 Class C

**What is your driver turnover rate?**

 %

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## SAFE DRIVER APPRENTICESHIP PILOT PROGRAM MOTOR CARRIER APPLICATION FORM

**What states do your drivers travel through?** (Check all that apply)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Alabama              | <input type="checkbox"/> Indiana       | <input type="checkbox"/> Nevada         | <input type="checkbox"/> Tennessee                |
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Iowa          | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Texas                    |
| <input type="checkbox"/> Arizona              | <input type="checkbox"/> Kansas        | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Utah                     |
| <input type="checkbox"/> Arkansas             | <input type="checkbox"/> Kentucky      | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Vermont                  |
| <input type="checkbox"/> California           | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> New York       | <input type="checkbox"/> Virginia                 |
| <input type="checkbox"/> Colorado             | <input type="checkbox"/> Maine         | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Washington               |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> Maryland      | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> West Virginia            |
| <input type="checkbox"/> Delaware             | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Wisconsin                |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Michigan      | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Wyoming                  |
| <input type="checkbox"/> Florida              | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> Oregon         | <input type="checkbox"/> All Contiguous 48 States |
| <input type="checkbox"/> Georgia              | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> All 50 States            |
| <input type="checkbox"/> Hawaii               | <input type="checkbox"/> Missouri      | <input type="checkbox"/> Rhode Island   |   |
| <input type="checkbox"/> Idaho                | <input type="checkbox"/> Montana       | <input type="checkbox"/> South Carolina |   |
| <input type="checkbox"/> Illinois             | <input type="checkbox"/> Nebraska      | <input type="checkbox"/> South Dakota   |   |

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

**What is your pay structure?** (hourly, miles, load, etc.)

Select an answer... ▾

**Average annual miles traveled**

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

**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:**

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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):

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

The following technologies are required 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 (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Dump Trucks (B)      | <input type="checkbox"/> Box or Straight Truck (B)  |
| <input type="checkbox"/> Minivan (C / H)      | <input type="checkbox"/> Agricultural Truck (A / B) |
| <input type="checkbox"/> Flatbed (A)          | <input type="checkbox"/> Truck Tractor              |
| <input type="checkbox"/> Cement Mixer (A / B) | <input type="checkbox"/> Cargo Van (C / H)          |
| <input type="checkbox"/> Car Carrier (A)      | <input type="checkbox"/> Pumper (A / B)             |
| <input type="checkbox"/> Tanker (A)           | <input type="checkbox"/> Tow (A / B)                |

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# 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 Apprenticeship Number to provide

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**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 Apprenticeship Number to provide

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

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# 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](mailto: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, you may still complete this application; 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)

- Yes  
 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.**

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 best of my knowledge, information and belief. I certify that I am in complete compliance with the Federal Motor Carrier's Safety Regulations (FMCSRs).*

Please sign here:

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.**

**Exit**

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