



FMCSA Entry-Level Driver Training Provider Identification Report

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| <input type="checkbox"/> New Request for Listing on the Registry of Training Providers | <input type="checkbox"/> Biennial Update or Changes | <input type="checkbox"/> Out of Business Notification | |
| <input type="checkbox"/> Reapplication (After Removal from the Registry of Training Providers) | | | |
| Legal Name: | | | |
| DBA: | | | |
| Physical Address (Principal Place of Business) (Street, City, State and Zip Code): | | | |
| Mailing Address: | | | |
| Telephone No: | Fax No: | | |
| Email Address: | | | |
| Small Business In-House Training Provider (e.g., a motor carrier training 3 or fewer of its own employees only, per year, and operating under the special small business rules in 49 CFR Part 380) | In-House Training Provider (e.g., a motor carrier or student transportation provider training its own employees or prospective employees, or a Joint Labor-Management Training Program): | Small Business For-Hire Training Provider (e.g., an entity providing training for 3 or fewer students per year, and operating under the special small business rules in 49 CFR Part 380) | For-Hire Training Provider (e.g., an entity, including publicly funded schools, providing training to anyone who seeks CDL training): |
| Yes: | Yes: | Yes: | Yes: |
| No: | No: | No: | No: |
| <i>(Note: FMCSA will not accept more than 3 training certificates from your company in a 12-month period)</i> | | | |
| Training Provider Registry Identification No.: | USDOT Identification No. (if applicable): | State Motor Carrier Identification No. (if applicable): | |

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| Dunn and Bradstreet No: | | | IRS/Taxpayer Identification No.: | | |
| Number of Separate Training Facilities/ Campuses: | Number of Instructors with CDLs: | | | Estimated Number of Students Trained Per Calendar Year: | |

Types of CDL Training Offered

| CDL Class Training Offered <i>(Please check all the applicable boxes)</i> | Class A | | Class B | | | Class C |
|--|-----------|------------|---------|------|------------------------|---------|
| Endorsement Training Offered <i>(Please check all the applicable boxes):</i> | Passenger | School Bus | H/M | Tank | Double/Triple Trailers | |

Training Hours Planned/Provided for Each Student
(for Training Providers Delivering Only Theory Instruction)

| Average Classroom Hours | Class A | Class B | Class C | Passenger Endorsement Module | School Bus Endorsement Module | HM Endorsement Module |
|--------------------------------|---------|---------|---------|------------------------------|-------------------------------|-----------------------|
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Training Hours Planned/Provided for Each Student
(for Training Providers Delivering Behind the Wheel (BTW)Training only)

| Average Behind the Wheel, <u>Range</u> Time Per Student | Class A | Class B | Class C | Passenger Module | School Bus Module | |
|--|---------|---------|---------|------------------|-------------------|--|
| Average Behind the Wheel, <u>Public Road</u> Time Per Student | Class A | Class B | Class C | Passenger Module | School Bus Module | |

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| Training Hours Planned/Provided for Each Student (for Training Providers Delivering Theory <u>and</u> Behind the Wheel (BTW)Training) | | | | | | |
| Average Classroom Hours | Class A | Class B | Class C | Passenger Module | School Bus Module | HM Endorsement Module |
| Average Behind the Wheel, <u>Range</u> Time Per Student | Class A | Class B | Class C | Passenger Module | School Bus Module | |
| Average Behind the Wheel, <u>Public Road</u> Time Per Student | Class A | Class B | Class C | Passenger Module | School Bus Module | |
| Average Tuition (NOTE: <i>This information will NOT be displayed to the public.</i>) | | | | | | |
| Third-Party Quality Control | | | | | | |
| Government Oversight (Identify any Federal, State or local government agencies that have requirements applicable to your training program): | Commercial Vehicle Training Association (CVTA) Member: Yes: _____ No: | Professional Truck Driver Institute (PTDI) Certified Course: Yes: _____ No: | National Association of Publicly Funded Truck Driver Schools (NAPFTDS): Yes: No: | Accreditation (Identify any independent organizations that have accredited your training program/institution): | Joint Labor-Management Training or Union Oversight (Identify whether your training program/course is subject to any standards established by a union): | |

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| <p style="text-align: center;">Description of Training Program (Narrative)</p> <p>1. Please provide a description of how the classroom or theory portion of your training program will be delivered.</p> <p>2. Please describe how you will train students in a controlled area (e.g., behind-the-wheel training in a parking lot or other area away from traffic, etc.) for the range portion of the training program.</p> <p>3. Please describe how you will conduct the behind-the-wheel training on public roads and provide an example of a typical planned route.</p> <p>Please Enter Name(s) of Sole Proprietor(s), Officers or Partners and Titles (e.g., president, treasurer, general partner, limited partner):</p> <p>1. _____ (Name) _____ (Title)</p> <p>2. _____ (Name) _____ (Title)</p> <p>3. _____ (Name) _____ (Title)</p> <p>4. _____ (Name) _____ (Title)</p> | | | | | |

Training Provider Certification Statement (*to be completed by authorized official*):

I, [redacted], certify that I am knowledgeable of FMCSA's Entry-Level Driver Training regulations under 49 CFR Part 380, deliver training that covers all the required modules in the applicable FMCSA curriculum, that I meet all applicable Eligibility Requirements, and that I can document compliance with such requirements to the Agency upon request. I agree to allow FMCSA or its representatives to: visit my training facilities and observe theory, range and road instruction; interview current and former students concerning the quality of the training provided; and review and copy records that I am required to maintain. I understand that failure to deliver training that covers the required modules in the FMCSA's curriculum, to meet Eligibility Requirements, or to allow FMCSA or its representatives to have access to my facilities, students, and records could result in the Agency removing my company from the Registry of Training Providers.

Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature:

Printed Name:

Title:

Date

