



FMCSA Entry-Level Driver Training Provider Identification Report

<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:

<p>Private Training Provider <i>(i.e., a motor carrier training its own employees <u>only</u>):</i></p> <p>Yes: _____ No: _____</p>	<p>Small Business Private Training Provider <i>(i.e., 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)</i></p> <p>Yes: _____ No: _____</p> <p><i>(Note: FMCSA will not accept more than 3 training certificates from your company in a 12-month period)</i></p>	<p>For-Hire Training Provider <i>(i.e., an entity providing training to anyone who seeks CDL training):</i></p> <p>Yes: _____ No: _____</p>
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Training Provider Registry Identification No.:	USDOT Identification No (if applicable):		State Motor Carrier Identification No.(if applicable):			
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		
Training Hours Provided for Each Student						
Classroom Hours	Class A	Class B	Class C	Passenger Module	School Bus Module	HM Endorsement
Behind the Wheel, Range Time Per Student	Class A	Class B	Class C	Passenger Module	School Bus Module	
Behind the Wheel, Public Road Time Per Student	Class A	Class B	Class C	Passenger Module	School Bus Module	
Tuition						

Accountability for Quality Control

State Oversight <i>(Identify any State agency that has requirements applicable to your training program):</i>	Commercial Vehicle Training Association (CVTA) Member: Yes: _____ No: _____	Professional Truck Driver Institute (PTDI) Certified: Yes: _____ No: _____	Accreditation <i>(Identify any independent organizations that have accredited your training program/institution):</i>
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Please Enter Name(s) of Sole Proprietor(s), Officers or Partners and Titles (e.g., president, treasurer, general partner, limited partner):

- | | | | |
|----|--------|--|---------|
| 1. | | | |
| | (Name) | | (Title) |
| 2. | | | |
| | (Name) | | (Title) |
| 3. | | | |
| | (Name) | | (Title) |
| 4. | | | |
| | (Name) | | (Title) |

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

I, _____, 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 FMCSA's curriculum**, and agree to allow FMCSA or its representatives to: visit my training facilities and observe classroom, range and road instruction; interview current and former students concerning the quality of the training provided; 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**, or 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: _____