

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

FMCSA Entry-Level Driver Training Provider Identification Report

Reason for Filing
(mark only one)

- | | |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> New Request for Listing on the Training Provider Registry (TPR) | <input type="checkbox"/> Biennial Update or Changes |
| <input type="checkbox"/> Out of Business Notification | <input type="checkbox"/> Reapplication (After Removal from TPR) |

Training Provider Business Information

1. Legal Name:

2. DBA:

3. Location of Business (Street, City, State, and Zip Code):

4. Mailing Address (Street or P.O. Box, City, State, and Zip Code):

5. Principal Telephone Number:

6. Principal Fax Number:

7. Website:

8. E-mail Address:

Training Facility Information (fill out if different from the above information for each facility)

9. Legal Name:

10. Location of Training Facility (Street, City, State, and Zip Code):

11. Mailing Address (Street or P.O. Box, City, State, and Zip Code):

12. Principal Telephone Number:

13. Principal Fax Number:

Additional Training Provider Identification Information

14. Dun & Bradstreet Number (if applicable):

15. IRS/Taxpayer Identification No.:

16. Training Provider Registry Identification No. (if applicable):	17. USDOT Identification No. (if applicable):	18. State Motor Carrier Identification No. (if applicable):	19. Federal Transit Administration, National Transit Database (NTD) Transit Agency ID No. (if applicable):	20. U.S. Department of Education, National Center for Education Statistics (NCES), Public School NCES District ID No. (if applicable):
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21. Training Provider Type
 (Answer ALL five questions marking either "Yes" or "No". More than one "Yes" response will usually apply)

<u>Small</u>	<u>In-House</u>	<u>Not In-House</u>	<u>For-Hire</u>	<u>Not-for-Hire</u>
Yes: <input type="checkbox"/>				
No: <input type="checkbox"/>				

22. Types of CDL Training Offered

CDL Class or Endorsement (Check all the applicable boxes)	Class A <input type="checkbox"/>	Class B <input type="checkbox"/>	Passenger <input type="checkbox"/>	School Bus <input type="checkbox"/>	H/M <input type="checkbox"/>	Refresher <input type="checkbox"/>
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23. Training Hours Planned/Provided for Each Student
 (for Training Providers Delivering theory, behind the wheel (BTW), or both)

	Class A	Class B	Passenger Endorsement	School Bus Endorsement	HM Endorsement	Refresher
Average Theory Hours						
Average BTW Range Hours						
Average BTW Public Road Hours						

24. Third-Party Quality Control

Is this training location a member of one or more third-party certification or accreditation organizations (check all that apply):

National Association of Publicly Funded Truck Driving Schools (NAPFTDS)

Commercial Vehicle Training Association (CVTA)

Professional Truck Driver Institute (PTDI) Certified Course

Other accreditation or certification organizations (please specify)

Name: _____

<p>Government Oversight (<i>Identify any Federal, State or local government oversight that your training program is subject to, e.g., a State education department, a State or local professional and/or vocational licensing board, or a SDLA, etc.</i>):</p>	<p>Joint Labor-Management Training or Union Oversight (<i>Identify any standards established by a union</i>):</p>
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25. Additional Information						
	Class A	Class B	Passenger Endorsement	School Bus Endorsement	HM Endorsement	Refresher
<p>Average Tuition <i>(this information will NOT be displayed to the public)</i></p>						
<p>Estimated Number of Students Trained Per Calendar Year</p>						
<p>Number of Instructors with CDLs</p>						

27. Enter Name(s) of Authorized Officials for the Training Provider (e.g., president, treasurer, general partner, limited partner):

1.	_____	_____
	(Name)	(Title)
2.	_____	_____
	(Name)	(Title)
3.	_____	_____
	(Name)	(Title)
4.	_____	_____
	(Name)	(Title)

28. 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, will deliver training that covers all the required modules in the applicable FMCSA curriculum, that the training entity I represent meet all applicable eligibility requirements, and that I can document compliance with such requirements to the Agency upon request. _____ (Insert name of entity) agrees to allow FMCSA or its representatives to: visit my training facilities and observe theory, range, and/or 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; meet the requirements of 49 CFR 380 Subpart G, Registry of Entry-Level Driver Training Providers; and allow FMCSA or its representatives to have access to my facilities, students, and records, could result in the Agency removing my company from the Training Provider Registry.

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: _____

Name of Entity/Training Provider: _____