

(Be sure to complete Driver Registration on Page 2)

Contestant's Name: _____

Preferred Nickname: _____

Competition State: _____

Hosting State Association: _____

Employer: _____

Class of Competition (check one)

- Straight Truck** (Single 2-axle vehicle)
CDL Requirement: Class B
- 3-Axle** (2-axle tractor & 1-axle 28' semitrailer)
CDL Requirement: Class A
- 4-Axle** (2-axle tractor & 2-axle 53' semitrailer)
CDL Requirement: Class A
- 5-Axle** (3-axle tractor & 2-axle 53' semitrailer)
CDL Requirement: Class A
- Sleeper Berth** (3-axle sleeper tractor & 2-axle 53' semitrailer)
CDL Requirement: Class A
- Tank Truck** (3-axle tractor & 2-axle tank semitrailer)
CDL Requirement: Class A - (N) Tank or (X) Combined Endorsement
- Flatbed** (3-axle tractor & 2-axle flatbed semitrailer)
CDL Requirement: Class A
- Twin Trailers** (2-axle tractor & set of 28' semitrailers)
CDL Requirement: Class A - (T) Twins Endorsement
- Step Van** (Step or Package Van)

CERTIFICATION BY EMPLOYER. I hereby certify that I am aware of the provisions of Chapter V, Eligibility Rules, of the Truck Driving Championships Rules & Procedures and applicable appendixes including the Step Van Driving Championships rule summary; that the contestant named herein is eligible to compete under these rules; that the contestant's employer is a member of ATA-affiliate Kansas Motor Carriers Association, and that all information furnished about them is true to the best of my knowledge and belief.

Employer Manager's Signature (NOT driver's): _____

Manager Title: _____

AGREEMENTS AND RELEASE

In consideration of my being permitted to participate in the ATA's National and/or Kansas Truck Driving Championships (TDC) or Step Van Driving Championships (SVDC) and be eligible for awards offered to participants, I hereby stipulate and agree to the following:

- I acknowledge that I am not in the employ of ATA or Kansas Motor Carriers Association.
- Both as to myself and my heirs and personal representatives, I release ATA, its directors, employees, agents and/or any of its affiliates and the State Association noted above, its directors, employees, agents and/or any of its affiliates from any and all liability and any right of action that may arise from any damage or injury which I may receive while attending or participating in said State or National TDC or National SVDC.
- I grant the State Association listed to the left and ATA and its designated agencies exclusive right to make use of information about myself and of photographs supplied with this entry form, along with photographs subsequently taken under ATA's direction, in publicity and advertising activities. I further agree to make myself available for publicity enterprises arranged by ATA, with newspaper and magazine writers and radio and television personnel.
- I grant State Association listed to the left and ATA the right to examine my MVR for the purposes of determining my eligibility to compete at both the State and National TDC or SVDC.
- I will be bound by all orders, rules and regulations governing ATA's National and/or its affiliates' TDC or SVDC while participating in said competitions.

CERTIFICATION BY CONTESTANT. I certify that:

- I have been continuously employed as a truck or step van driver by my present employer during the 12 months prior to the 2024 TDC.
- I have driven and performed the regular duties of a truck or step van driver during the 12 months prior to the 2024 TDC.
- I have not been away from the regular duties of a professional truck driver beyond an aggregate of 30 calendar days during the 12 months prior to the 2024 TDC.
- I have not been involved in a **Preventable** fleet motor vehicle or motor carrier vehicle accident during the 12 months prior to the 2024 TDC. See TDC Rules and Procedures, Appendix I for determining non-preventable accident eligibility.
- I have the proper class CDL or DL plus required endorsement(s) for the class of competition indicated to the left.
- I hold a CDL (DL if SVDC) from or have been occupationally domiciled in the state of _____.
Occupational domiciled is defined as the terminal, garage or other operating base from which the driver normally works, is supervised and/or where employer is corporately headquartered.
- I have not served as a member of any State Trucking Associations Truck Driving Championships Committee since January 1, 2024.
- That the class competition I am entering in 2024 is not a class in which I won at the state or regional TDC and/or competed at the National TDC or National SVDC in 2022 and 2023. I understand that after winning two consecutive years at the State TDC and/or competing two consecutive years at the Nationals in that same class of competition, I am not eligible to compete in that same class for one year if a step van competitor and two years if a competitor in any other class.
- I have not received any form of pay, bonus, prize or other consideration for time spent in practice as set forth in the Truck Driving Championships Rules & Procedures. I agree that if I compete and win the Kansas TDC, that I will compete at the National TDC or SVDC (as applicable), unless disqualified or am detained due to a medical emergency, in which case I will notify Kansas Motor Carriers Association immediately. I acknowledge that any misstatement made with respect to my eligibility for the TDC or SVDC competition may result in the forfeiture of my right to compete or in my disqualification from said competition.

Driver's Signature: _____



- Attach a copy of your MVR showing:
 - 1) Your name and/or signature; and
 - 2) Class of CDL (or license if SVDC applicant).



Driver Registration must be completed to be eligible for National competition!

Contestant's Name: _____

Contestant's Name Pronunciation: _____

Competition Class: _____ Competition State: _____

Home Address: _____

Home City/State/ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

REQUIRED to receive registration confirmation

Will spouse/guest attend the State TDC? Yes No National TDC? Yes No

If yes to above: Spouse Guest

Spouse/Guest Name: _____

Children Name/Age: _____

Employer: _____

Employer Main Office Address: _____

Contestant's Home Terminal: _____

Terminal Manager's Name: _____

Terminal Manager Phone: _____

Have you ever been a member of America's Road Team? Yes Years: _____ No

Are you interested in serving on America's Road Team? Yes No

Have you been on a company Road Team? Yes Years: _____ No

Have you been on a state Road Team? Yes Years: _____ No



Lifetime Safe Driving Miles: _____

Number of Years: _____

w/ No-Accident Record: _____ in Trucking Industry: _____ w/ Employer: _____

Number of Accidents: Preventable: _____ Non-Preventable: _____

Date of Last Accident: _____

Usual Run: Local: _____ Peddle: _____ Line-Haul: _____

List unusual experiences, aid to motorists or at accident scene, acts of heroism:

Awards Received: _____

Hobbies: _____

Strangest Cargo Hauled: _____

Volunteer Experience: _____

Below and above information is used at Nationals to determine ND Professional Excellence Award eligibility. Please enter previous State/National TDC or SVDC in which you competed or volunteered below. Attach separate page if additional space is needed.

How many times have you participated in a:

State TDC: _____ National TDC: _____

Year	State	Competed Class	Competed Rank	Volunteer Role