

(Be sure to complete Driver Registration on Page 2)

Contestant's Name: _____

Preferred Nickname: _____

Competition State: _____

Hosting State Association: North Dakota _____

Employer: _____

Class of Competition (check one)

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

Flatbed (3-axle tractor & 2-axle flatbed semitrailer)

CDL Requirement: Class A



AGREEMENTS AND RELEASE

In consideration of my being permitted to participate in the NDMCA Truck Driving Championships (TDC) and be eligible for awards offered to participants, I hereby stipulate and agree to the following:

1. I acknowledge that I am not in the employ of The North Dakota Motor Carriers Association (NDMCA).
2. Both as to myself and my heirs and personal representatives, I release NDMCA, its directors, employees, agents and/or any of its affiliates a 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 TDC.
I grant the NDMCA 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 NDMCA's direction, in publicity and advertising activities. I further agree to make myself available for publicity enterprises arranged by NDMCA, with newspaper and magazine writers and radio and television personnel.
4. I grant NDMCA the right to examine my CDL and MVR for the purposes of determining my eligibility to compete at the State TDC.
5. I will be bound by all orders, rules and regulations governing NDMCA's TDC while participating in said competitions.

CERTIFICATION BY CONTESTANT. I certify that during the 3 months prior to the 2021 TDC unless otherwise noted:

1. I have been continuously employed as a truck or step van driver by my present employer since March 7, 2021.
2. I have driven and performed the regular duties of a truck driver or step van since March 7, 2021.
3. I have not been away from the regular duties of a professional truck driver beyond an aggregate of 30 calendar days since January 1, 2021.
4. I have not been involved in a fleet motor vehicle or motor carrier vehicle accident in the course of such employment.
5. I have the proper class Commercial Driver's License, plus required endorsement(s) for the class of competition indicated to the left.
6. I further certify that 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*.
7. I acknowledge that any misstatement made with respect to my eligibility for the TDC 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).
- Attach a copy of your CDL

Driver Registration must be completed to be eligible for competition!

Contestant's Name: _____

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: _____

Is your company a member of a State Trucking Association? Yes State: _____ No

Are you representing the company above in the TDC? Yes 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: _____

T-Shirt Size: _____ Jacket Size: _____

