

(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 appendices 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 an ATA-affiliated State Trucking Association; that the contestant's employer will indemnify, defend, and hold harmless the ATA and State Trucking Association and any other contestant, attendee, and equipment donor for any claims, damages, losses, expenses to the extent caused by the negligence or willful misconduct of the contestant, 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 its affiliates' 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:

1. I acknowledge that I am not in the employ of ATA or a State Trucking Association.
2. 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.
3. 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.
4. 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.
5. 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:

1. I have been continuously employed as a truck or step van driver by my present employer during the 12 months prior to the 2025 TDC.
2. I have driven and performed the regular duties of a truck or step van driver during the 12 months prior to the 2025 TDC.
3. 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 2025 TDC.
4. I have not been involved in a **Preventable** fleet motor vehicle accident during the 12 months prior the 2025 TDC. See TDC Rules and Procedures, Appendix I for determining non-preventable accident eligibility.
5. I have the proper class CDL or DL plus required endorsement(s) for the class of competition indicated to the left.
6. 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.
7. I have not served as a member of any State Trucking Associations Truck Driving Championships Committee during the 12 months prior to the 2025 TDC / NTDC.
Competing drivers may still serve as volunteers and support for State Truck Driving Championships and National Truck Driving Championships in which they are not competing.
8. That the class of competition I am entering in 2025 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 2023 and 2024. 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.
9. 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 State 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 the applicable State Trucking 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
 Spouse/Guest Name: _____
 Children Name/Age: _____

Employer: _____
 Employer Main Office Address: _____
 Contestant's Home Terminal: _____
 Safety Manager Name: _____
 Safety Manager Phone: _____
 Safety Manager Email: _____
If different than safety manager:
 Registration Manager Name: _____
 Registration Manager Phone: _____
 Registration Manager Email: _____

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:

 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

