



APPLICATION FOR PROVIDERS AND COURSES FOR MOTOR CARRIER TRAINING

Please send to:

Fax: 502-564-4138
Email: dmc@ky.gov

Mail to:

Kentucky Transportation Cabinet
Division of Motor Carriers
ATTN: Motor Carrier Advisory Committee
PO Box 2007, Frankfort, KY 40602-2007

Overnight Deliveries:

200 Mero Street, 2nd floor
Frankfort, KY 40622
Phone: (502)564-1257

Drive.Ky.Gov

SECTION 1: REQUIREMENTS

A completed application (all applicants, etc.) must be received at least 7 days prior to the next scheduled MCAC for consideration. Any applications received after this deadline will be considered at the next scheduled meeting.

Applications may be obtained at: <http://transportation.ky.gov/Motor-Carriers>

Per KRS 281.907, the Motor Carrier Advisory Committee must approve your organization, course material, instructor guidelines, and the certificate at completion process.

Courses Required For Motor Carrier Safety and Operation Training

Courses must include topics listed in 601 KAR 1:230. The following courses shall be included:

1. USDOT compliance
2. Compliance, Safety and Accountability
3. Hazardous Material Compliance
4. OSHA for Truckers
5. Kentucky Vehicle Regulations
6. Commercial Truck Safe Driving Best Practices

Additional courses that fall under 601 KAR 1:230 requirements may be submitted to the Motor Carrier Advisory Committee for consideration. The classroom training courses shall be 4 hours in length and held in all 12 highway districts. The online training courses shall be at least 2 hours in length. The purpose of the commercial motor carrier safety and operational training is to ensure the motor carrier understands the motor carrier's regulations and best practices to running a safe operation.

SECTION 2: APPLICANT INFORMATION

A separate application form must be filed for each additional course for approval. All items on the form must be completed (enter "N/A" for any item not applicable) and all required attachments must be submitted with the application.

Type:

- Initial Provider and Course Approval
 Additional Course Approval Renewal

APPLICANT NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE



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SECTION 2: APPLICANT INFORMATION *(cont.)*

CONTACT PERSON

PHONE

FAX

WEBSITE

EMAIL

NAME OF ADMINISTRATOR

PHONE

COURSE TITLE *(If seeking additional course)*

INSTRUCTOR(S)

OWNERSHIP OF COURSE MATERIALS? Yes No*

The applicant represents that it owns the course materials or has the right to use the course materials in which it seeks MCAC approval; and to the best of the applicant's knowledge, information and belief, those materials do not infringe on the copyright or other rights of third parties.

OWNER *(*Only if "No" is checked above)*

CONTACT INFORMATION

REQUIRED ATTACHMENTS

A. Course Material:

Course Description

Instruction Material

Course Outline

Materials for Instructor

Learning Objectives

Sample of Final Examinations and Answer Key

B. Policies Covering:

Instructor Qualifications

Cancellation and Refund

Attendance

Records Retention

C. Requirements:

Registered Business Certificate from the Kentucky Secretary of State

SECTION 3: SIGNATURE

SIGNATURE *(applicant)*

DATE

COMMENTS