APPLICATION FOR PROVIDERS AND COURSES
FOR MOTOR CARRIER TRAINING

Please send to:  
Mail to:  
Overnight Deliveries:  

Kentucky Transportation Cabinet  
Division of Motor Carriers  
PO Box 2007, Frankfort, KY 40602-2007  

Fax: 502-564-4138  
ATTN: Motor Carrier Advisory Committee  
PO Box 2007, Frankfort, KY 40602-2007  

Email: dmc@ky.gov  
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
SECTION 2: APPLICANT INFORMATION (cont.)

<table>
<thead>
<tr>
<th>CONTACT PERSON</th>
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<tbody>
<tr>
<td>PHONE</td>
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<tr>
<td>WEBSITE</td>
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<tr>
<td>NAME OF ADMINISTRATOR</td>
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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
   - [ ] Course Outline
   - [ ] Learning Objectives
   - [ ] Instruction Material
   - [ ] Materials for Instructor
   - [ ] Sample of Final Examinations and Answer Key

B. Policies Covering:
   - [ ] Instructor Qualifications
   - [ ] Attendance
   - [ ] Cancellation and Refund
   - [ ] Records Retention

C. Requirements:
   - [ ] Registered Business Certificate from the Kentucky Secretary of State

SECTION 3: SIGNATURE

SIGNATURE *(applicant)*  
DATE

COMMENTS