



NEVADA'S "SUPER BOWL OF SAFETY" TRUCK DRIVING CHAMPIONSHIP

20

May - 2023

REGIONAL PUBLIC SAFETY TRAINING
5190 SPECTRUM BLVD.
RENO, NV 89512

More info

TESSA LAXALT

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www.nevadatrucking.com



5 REASONS TO
COMPETE

INCREASE
SAFETY
DECREASE
LIABILITY
PROTECT
YOUR CSA SCORE
INCREASE
KNOWLEDGE
INCREASE
SKILLS



WHAT NEVADA'S PROFESSIONAL
DRIVERS SAY ABOUT THE TDC:



The competition gives me incentive to be safe. I like the competitiveness & making new friends all over the country. We become one big family! The camaraderie is one of my favorite things! GW



TDC SCHEDULE

7am	Free Pancake Breakfast
7am - 7:45am	Driver Check-In
7:45am - 8am	Written Test (1 Hour Only)
8am - 9am	Welcoming Remarks Guest Introductions
9 - 9:15am	Judges Course Walk Through
9:15am - 9:30am	NHP Color Guard, Ntl. Anthem America's Road Team Captains
9:30am - 10am	Drivers Course Walk Through
10am - TBD	Competition Begins!

MAY 20TH, 2023

REGIONAL PUBLIC SAFETY TRAINING

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Driver Registration Payment Form

Member: \$100.00



Non-Member: \$150.00

Company Name: _____

*Companies are responsible for Driver Registration Fees.
All fees must be paid by May 12th, 2023 or the driver will be ineligible to compete.

Number of Drivers Competing: _____

Total Amount Due: \$ _____

***PLEASE NOTE: DRIVER REGISTRATION FEES ARE NON- REFUNDABLE**

PAYMENT OPTIONS

CHECK

Please send 1 check for all drivers

TESSA LAXALT
Nevada Trucking Association
8745 Technology Way, Ste. E
Reno, NV 89521

CREDIT CARD

If paying by Credit Card;
You will receive an invoice via email that can be paid directly through our secured online payment portal, by clicking the box on your invoice "PAY INVOICE".

(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 an ATA-affiliated State Trucking 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 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 CDL and 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 since August 15, 2022.
2. I have driven and performed the regular duties of a truck or step van driver since August 15, 2022.
3. I have not been away from the regular duties of a professional truck driver beyond an aggregate of 30 calendar days since August 15, 2022.
4. I have not been involved in a fleet motor vehicle or motor carrier vehicle accident since August 15, 2022.
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 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).
- Attach a copy of your CDL



Driver Registration must be completed to be eligible for National 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: _____

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



Regional Public Safety Training Center
Release/ Indemnification and Hold Harmless Agreement

I, _____, fully understand that my participation in the use of
(LAST) (FIRST) (M.I.)

the Regional Public Safety Training Center (hereinafter referred to as "Center") exposes me to the risk of personal injury, death, or property damage. I hereby acknowledge that I am voluntarily participating in this training and expressly agree to assume any such risk.

In consideration for being permitted to participate in this training, I hereby release and forever discharge the Center, the County of Washoe, the City of Sparks, the City of Reno, and their respective officers, employees, agents, and volunteers from any and all liability, claims, demands, damages, actions or causes of action arising from or by reason of any injury to or death to me or any person, or any damage to or loss of personal property resulting from or arising out of any accident or occurrence in connection with my participation in the training from whatever cause, whether or not such injury, death or damage is caused or alleged to be caused by an act or failure to act of any kind on the part of the Center, the County of Washoe, the City of Reno, the City of Sparks, and their respective officers, employees, agents and volunteers or any other participants in the event.

In further consideration for being allowed to participate in the event, I hereby agree for myself, my heirs, administrators, executors, and assigns that I shall save, indemnify, and hold harmless the Center, the County of Washoe, the City of Sparks, the City of Reno, and their respective officers, employees, agents, and volunteers from any and all claims, demands, actions, or suits arising out of or in connection with my participation in the training brought by any third party.

I have carefully read this release, indemnification and hold harmless agreement and fully understand its contents. I am aware that it is a full release of all liability and sign it voluntarily and with full knowledge of its significance.

I also agree that during this training I will conduct myself in a safe and professional manner. I will not engage in any unlawful activity that demeans or harasses another on any unlawful basis, including race, sex, or religion. In addition I will not take part in any unlawful lewd behavior or sexual harassment as those terms are defined by law. Any such harassment or behavior will be reported immediately to the instructor or facilitator.

Date

Signature

Activity