



To Enter the Truck Driving Championship Complete & Mail the Items Below:

- MTA Registration Forms
- ATA TR1
- ATA TR2
- Current MVR
- Copy of Driver CDL
- Copy of Medical Certificate
- \$250 Driver Fee payable to Mississippi Trucking Association

DEADLINE: MARCH 29, 2024

Please Return To:

Mississippi Trucking Association

Attn: Steve Boudreaux

825 N. President Street

Jackson, MS 39202

Questions?

Call Steve Boudreaux 601-354-0616

steveb@mstrucking.org

2024 MTA TRUCK DRIVING CHAMPIONSHIP

MTA REGISTRATION FORM

The annual Mississippi Truck Driving Championship will be held in Gulfport. All events will be held at the Seaway Road Lot.

MAY 2 - 4, 2024

To be eligible to compete in the Mississippi Truck Driving Championship, the contestant must:

- Be accident free from May 6, 2023 to May 4, 2024
- Be a full-time truck driver- Spotters, hostlers, etc are not eligible.
- Have driven and performed the duties of a professional truck driver for 12 months for your company prior to entry
- Live in Mississippi or operate out of a MS terminal
- A safety/company representative of a qualified driver must be present at the TDC to be assigned duties as a worker during the two-day event. The company represented must have at least one worker for every five drivers entered from that company.

***Companies that enter drivers into the competition must be a member of MTA

A company may enter as many drivers in EACH class of competition as they wish. Drivers may not drive in any class unless his/her driver's license show that class's endorsement. ***ATA TDC rules are followed.

If a tie occurs, the contestant with the least amount of drive time wins.

Decisions of the judges and the MS TDC Committee are final.

***Once a driver is designated on the entry form to a certain class, the driver will not be allowed to switch classes.

DRIVER'S FEE: \$250 /driver

The registration fee must be sent along with the registration form. No registration will be accepted without the driver's fee.

DEADLINE FOR REGISTRATION: FRIDAY, MARCH 29, 2024

Please indicate below the number of drivers you will enter and which class of competition.

Email to steveb@mstrucking.org, or Mail to MTA, 825 N. President St., Jackson MS 39202 or

FAX to (601-354-4371)

3-Axle Van _____ 4-Axle Van _____ 5-Axle (Van) _____ Straight Truck _____
Tank _____ Flatbed _____ Twin Trailers _____ Sleeper Berths _____
Step Van Class _____

Name: _____ Company: _____

Fax: _____ Email: _____

Phone: _____



2024

**MISSISSIPPI TRUCKING ASSOCIATION
Safety Management Council
FLEET SAFETY CONTEST
For the Year: 2023**

1. List the number of **MISSISSIPPI** miles traveled and the number of accidents that occurred whether or not they are DOT reportable.
2. There are two mileage categories: **LOCAL and INTERCITY**. They are as follows:

Local Operations- Transportation wholly within a municipality or contiguous municipalities or wholly within a commercial zone as defined by the ICC or the regulatory agency having jurisdiction, whether or not performed incidental to intercity transportation of freight.

Intercity Operations – Operations beyond commercial zone or urban-suburban areas including peddle runs, short-haul operations, and intercity operations.

INTERCITY
500,000 - 2 Million Miles
Over 2 Million Miles

LOCAL
0 - 1 Million Miles
Over 1 Million Miles

All awards will be presented on Saturday, May 4, 2024 following the competition.

3. **MTA will figure your frequency ratio for you. The formula used is:**
FREQUENCY= Number of Accidents x 1,000,000 Total Miles

Name of Contestant: _____

Address: _____

Company Safety Director: _____ Email: _____

Total Accidents:

Total MS Miles:

Intercity _____

Local _____

I hereby certify that the information submitted above is correct to the best of my knowledge.

Name

Title

PLEASE RETURN TO MTA BY March 29, 2024

**MTA- 825 N. President St., Jackson MS 39202
Attn: Steve Boudreaux
Email: steveb@mstrucking.org**



**2024
NOMINATION
FOR MISSISSIPPI
DRIVER OF THE YEAR**

Basis for Nomination: A driver may be nominated for a number of reasons: outstanding deeds, highway safety, or long record of safe and courteous driving. You are encouraged to submit your driver's name for consideration.

Driver's Name _____

Home Address _____

Phone Number _____ Age: _____

Email: _____

Social Security Number: _____

Spouse's Name, If Applicable: _____

Children's Names _____

Employer: _____

Address: _____

Driver's Home Terminal Address: _____

Years of Commercial Driving: _____:

Comments: _____

Nominee's Signature: _____

Company Official: _____

Deadline to enter: March 29, 2024

Email: steveb@mstrucking.org or Fax: 601-354-4371 – Attn: Steve



To: Mississippi Trucking Supporters
From: Brenda Vance, 2024 Chairman MTA Safety Council
William Everett, 2024 MTA TDC Chairman
Date: February 5, 2024

The 2024 Mississippi Truck Driving Championship is coming up soon, and we need donations to make this event happen! As you know, the cost of sponsoring this event is not entirely covered by the registration fees. Please review our sponsorship form and check the one that best fits your budget. We would love for you to be a part of our event!

Chrome (\$1,000 Minimum Donation)
Display area at competition if desired
Recognition on Sponsor Banner at competition
8 x 10 Sponsorship plaque presented at competition
Verbal & Printed Recognition in the program

Steel (\$750 Minimum Donation)
Display area at competition if desired
Recognition on Sponsor Banner at competition
8 x 10 Sponsorship plaque presented at competition
Verbal & Printed Recognition in the program

Aluminum (\$500 Minimum Donation)
Display area at competition if desired Recognition on
Sponsor Banner at competition
5 x 7 Sponsorship plaque presented at competition
Verbal & Printed Recognition in the program

Rubber (\$100 Minimum Donation)
Display area at competition if desired Verbal &
Printed Recognition in the program

I can give _____ this year.

Contact Name _____ Company Name _____

Address _____

Telephone _____

Please return this form to the Mississippi Trucking Association - 825 N. President Street - Jackson, Mississippi 39202 (FAX-601-354-4371) or by email (mmontgomery@holmestruck.net) to the attention of the Safety Council. You will be invoiced for the amount indicated. Thank you for your support in this year's event. We look forward to seeing you there!



**TRI 7 KDRIVING CHAMPIONSHIPS
HOTEL INFORMATION**

Group Code: MS Trucker Association Rodeo

MAY 2 - 4, 2024

Quality Inn: 20+ Rooms Available (King or Double Queen)

9445 Highway 49, Gulfport, MS 39503

Phone: 228-868-3300

Call the hotel directly to reserve your rooms.

RATES: May 2 - \$69.00
May 3-5 - \$104.00/night

Best Western Seaway: 60 Rooms available (King or Double Queen)

9475 Highway 49, Gulfport, MS 39503

Phone: 228-864-0050

Call the hotel directly to reserve your rooms.

RATES: May 2 - \$89.00
May 3-5 - \$124.00/night

Holiday Inn: 50 Rooms available (King or Double Queen)

9515 Highway 49, Gulfport, MS 39503

Phone: 228-679-1700

Call the hotel directly to reserve your rooms.

RATES: May 2 - \$109.00
May 3-5 - \$139.00/night

DEADLINE TO RESERVE HOTEL ROOMS: TUESDAY, APRIL 2, 2024

Questions? Call or text Marley 601-942-5048.

(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 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 2024 TDC.
2. I have driven and performed the regular duties of a truck or step van driver during the 12 months prior to the 2024 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 2024 TDC.
4. I have not been involved in a **Preventable** fleet motor vehicle or motor carrier vehicle accident during the 12 months prior to the 2024 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 since January 1, 2024.
8. That the class of competition I am entering in 2024 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 2022 and 2023. 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

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





825 North President Street

Jackson, MS 39202

601-354-0616

www.mstrucking.org

CREDIT CARD PAYMENT

Company Name _____

Contact Name _____

Phone Number _____

Email _____

Master Card

Visa

American Express

Credit Card Number _____

CSV Number _____ Expiration Date _____ Zip Code _____

Amount Paid \$ _____