

# 2026 STATE AND NATIONAL TRUCK DRIVING CHAMPIONSHIPS & STEP VAN DRIVING CHAMPIONSHIPS

## Driver Entry and Release

(Be sure to complete Driver Registration on Page 2)

Contestant's Name: Adam Heim

Preferred Nickname:

Competition State: Idaho

Hosting State Association: Idaho Trucking Association

Employer: FedEx Freight, Inc.

### 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: VP-Safety and Recovery Ops

### 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 2026 TDC.
2. I have driven and performed the regular duties of a truck or step van driver during the 12 months prior to the 2026 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 2026 TDC.
4. I have not been involved in a **Preventable** fleet motor vehicle accident during the 12 months prior to the 2026 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 **Idaho**. **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 2026 TDC/N/TDC. *Competing drivers may still serve as volunteers and support for the 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 2026 is not a class in which I won at the state TDC and competed in at the National TDC or National SVDC in 2024 and 2025. I understand that after winning two consecutive years at the State TDC and 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: Adam Heim

• Attach a copy of your MVR showing:

- 1) Your name and/or signature; and
- 2) Class of CDL (or license if SVDC applicant).



# 2026 STATE AND NATIONAL TRUCK DRIVING CHAMPIONSHIPS & STEP VAN DRIVING CHAMPIONSHIPS

## Driver Registration

*Driver Registration must be completed to be eligible for National competition!*

Contestant's Name: Adam Heim

Contestant's Name Pronunciation:

Competition Class: 5-Axle Tractor-Semitrailer Competition State: Idaho

Home Address: 8575 W Oregon St

Home City/State/ZIP: Rathdrum, Idaho 83858

Home Phone: 5094993140 Cell Phone: 5094993140

Email: alheim75@gmail.com

*REQUIRED to receive registration confirmation*

Spouse/Guest Name: Stephanie Heim

Children Name/Age: Connor/25, Carson/24, Addyson/22

Employer: FedEx Freight, Inc.

Employer Main Office Address: 2200 Forward Dr. Harrison, AR 72601

Contestant's Home Terminal: SPQ-Spokane, WA

Safety Manager Name: Ken Stickney

Safety Manager Phone: \_\_\_\_\_

Safety Manager Email: 1461738@corp.ds.fedex.com

*If different than safety manager:*

Registration Manager Name: \_\_\_\_\_

Registration Manager Phone: \_\_\_\_\_

Registration Manager Email: \_\_\_\_\_



Lifetime Safe Driving Miles: 1750000

Number of Years: \_\_\_\_\_

w/ No-Accident Record: 24 in Truck Industry: 26 w/ Employer: 22

Number of Accidents: Preventable: 3 Non-Preventable: 0

Date of Last Accident: 05/05/2011

Usual Run: Local: X Peddle: \_\_\_\_\_ Line-Haul: \_\_\_\_\_

List unusual experiences, aid to motorists or at accident scene, acts of heroism:

N/A

Awards Received:

2019 National TDC Champion, 4 time Idaho State TDC Champion, 2024 Idaho state TDC grand champion, FedEx Freight Presidents Safety Award

Hobbies:

Golf, Pickleball, Fishing

Volunteer Experience:

N/A1

**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: 14 National TDC: 4

Year / State / Competed Class / Competed Rank / Volunteer Role

2025, Idaho, Flatbed, 1st

2024, Idaho, 4-axle, 1st

2023, Idaho, 4-axle, 1st

2022, Idaho, 4-axle, 2nd

2019, Idaho, 4-axle, 1st

2018, Washington, 4-axle, 4th

# 2026

STATE AND NATIONAL TRUCK DRIVING CHAMPIONSHIPS  
& STEP VAN DRIVING CHAMPIONSHIPS

## Driver Registration

List unusual experiences, aid to motorists or at accident scene, acts of heroism:  
N/A

**Awards Received:**  
2019 National TDC Champion, 4 time Idaho State TDC Champion, 2024 Idaho state TDC grand champion, FedEx Freight Presidents Safety Award

**Hobbies:**  
Golf, Pickleball, Fishing

**Volunteer Experience:**  
N/A

**Year / State / Completed Class / Completed Rank / Volunteer Role:**  
2025, Idaho, Flatbed, 1st  
2024, Idaho, 4-axle, 1st  
2023, Idaho, 4-axle, 1st  
2022, Idaho, 4-axle, 2nd  
2019, Idaho, 4-axle, 1st  
2018, Washington, 4-axle, 4th



## CDL & Medical Card Credentials

Name: Adam Heim

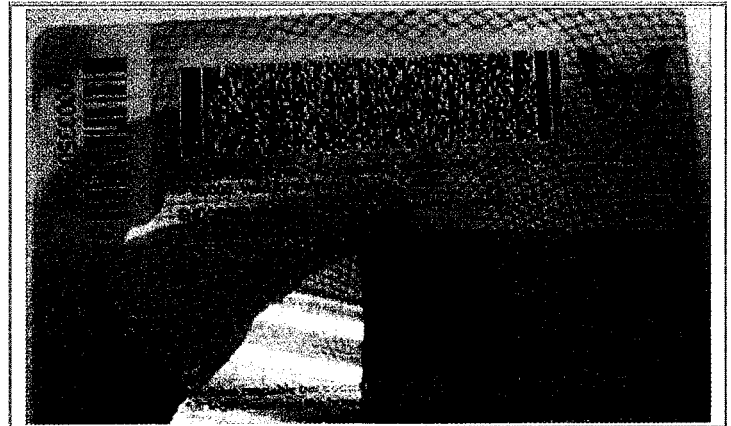
FXID: 1756734

Service Center Location: SPO

Front CDL



Back CDL



### Medical Certificate

Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 03/31/2028

**Public Burden Statement**  
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Medical Programs Division, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

#### Medical Examiner's Certificate (for Commercial Driver Medical Certification)

I certify that I have examined Last Name: HEIM First Name: ADAM In accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR  
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses ☐ Accompanied by a \_\_\_\_\_ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

3/3/2027

Medical Examiner's Signature

Medical Examiner's Telephone Number

509-747-0770

Date Certificate Signed

3/3/2026

Medical Examiner's Name (please print or type)

Janet Hunter-Scott

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Medical Examiner's State License, Certificate, or Registration Number

PA10003007

Issuing State

WA

National Registry Number

2767708167

Driver's Signature

Driver's License Number

CB189095H

Issuing State/Province

ID

Driver's Address

Street Address: 8575 W OREGON ST

City: BATHDRUM

State/Province: ID

Zip Code: 83853

CLP/CDL Applicant/Holder

☒ Yes ☐ No

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

Rev 3/21/25

REQUESTED BY

REQUESTOR: MVR MONITORING  
REF: 69c304475351c44822e1fdc8  
Ref 1 1756734  
Ref 2 FXFSPO  
Ref 3 2886322  
PACKAGE: FedEx Freight (Annual MVR)

COUNTRY: United States  
POSITION LOCATION: Rathdrum, US

CLIENT NOTE:

Search back 7 yrs.

REVIEWER NOTES FOR REQUESTOR:

REVIEWER NOTES FOR ADJUDICATORS:

## SEARCHES

EXPAND ALL

ADJUDICATION

COMPLETED

MOTOR VEHICLE REPORT - ID

COMPLETED

## ADJUDICATION

COMPLETED

SEARCH ID: 478294236  
SEARCH TYPE: ADJUDICATION  
STATUS/RESULT: COMPLETED  
COMPLETION DATE: 2026-03-24

Review Date	Grid Used	Reviewer	Result
03/26/2026 05:58:45	FedEx Freight MVR 08.06.20	Dolly Leach	Meets Requirements

## MOTOR VEHICLE REPORT - ID

COMPLETED

SEARCH ID: 478294239  
SEARCH TYPE: MOTOR VEHICLE REPORT

STATUS/RESULT: COMPLETED  
STATE/COUNTY: ID / NONE  
COMPLETION DATE: 2026-03-24

DRIVERS REPORT :

Provided Information:

Name: HEIM, ADAM

Date of Birth: xx/xx/xxxx

DL#: CB189095H

State Issue: ID

Returned Information:

Name: HEIM, ADAM JOSEPH

Date of Birth: xx/xx/xxxx

Current License:

License Type: COMMERCIAL

Class Code: A

Personal License Status: NA / NONE

Class Description: COMMERCIAL CLASS A

Commercial License Status: VALID

Original Issue Date: NA / NONE

Motorcycle License Status: NA / NONE

Year Issued: 09/02/2022

Identification Status: NA / NONE

Expiration Date: 09/15/2026

Total State Points: NA / NONE

Endorsements

Endorsements 1

Name: DOUBLE/TRIPLE  
TRAILERS

Endorsements 2

Name: COMBINED  
TANKS/HAZMAT

Endorsements 3

Name: PASSENGERS

Medical Certificate Information 1

Expiration Date: 03/03/2027

Issue Date: 03/03/2026

Self-Certification

Type: NON-EXCEPTED INTERSTATE

Type Code: NI

Examiner

Name: HUNTER-SCOTT, JANET L

License: PA10003007

License State: ID

Registration Number: 2767708167