

Application for Motor Carrier Employer Amnesty Program (MCEAP)

➤ Do not send payment with application.

Note: Motor Carrier must make certain representations in order to be eligible to participate in the MCEAP. These representations can be found in Part III.

Part I. Motor Carrier/Employer Information

1. Motor Carrier/Employer Name:

2. CA Employer Account Number:

3. Number and street (or P.O. Box number if mail is not delivered to a street address): Room/Suite:

4. City, town or post office, state, and ZIP code:

5. Telephone number:

6. Website address (optional):

7. Fax number (optional):

8. Email address (optional):

9. Type of entity. Check the applicable box:

- | | |
|--|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Association |
| <input type="checkbox"/> Co-Ownership | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> C corporation | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> S corporation | <input type="checkbox"/> Other (specify here) _____ |

Part II. Contact Person

Attach a properly completed Power of Attorney, if applicable (may use Employment Development Department's [EDD] Form DE 48).

Contact person information:

Name and Title: _____
Mailing Address (P. O. Box or number and street): _____
City, State, and ZIP code: _____
Phone number: _____
Fax number (optional): _____

Part III. Motor Carrier Representations

Note: Since the representations include a penalty of perjury statement, the representations under Part III must be signed by the Motor Carrier, not the Motor Carrier's representative.

A. Treatment of Workers (Check one box)

1. Motor Carrier wants to voluntarily reclassify its commercial drivers as employees and is presently treating the commercial drivers as nonemployees.

If this box is checked, submit the following within 30 days of this application:

- a. A self-audit in accordance with the self-audit guidelines provided by the Labor Commissioner and the EDD.
- b. All Form 1099s for each commercial driver to be reclassified for the three (3) preceding calendar years ending before the date of this application.

2. Motor Carrier has voluntarily, or as a result of a final disposition in a civil proceeding, reclassified its commercial drivers as employees on or before January 1, 2016.

If this box is checked, all of the following items must be submitted with this application:

- a. The identification of each commercial driver reclassified.
- b. The amounts paid to each commercial driver to compensate for the previous misclassification.
- c. The time period applicable to the amount paid to each commercial driver prior to reclassification.
- d. A self-audit for all commercial drivers reclassified by the Motor Carrier and a separate self-audit for those commercial driver(s) who have not yet been reclassified.
- e. Submit all required Form 1099s for each commercial driver to be reclassified for the three (3) preceding calendar years ending before the date of this application.

B. Eligible Motor Carrier

1. The Applicant is a “Motor Carrier” as defined in Labor Code §2750.8(b) (4).
2. Motor Carrier has been examined previously by the EDD or the Labor Commissioner concerning the proper classification of the commercial drivers and the Motor Carrier has complied with the results of the prior examination.
3. A criminal court proceeding has not been initiated against the Motor Carrier.
4. The Motor Carrier does not have a civil lawsuit that was filed on or before December 31, 2015, pending against it in a state or federal court that alleges or involves a misclassification of a commercial driver.
5. The Motor Carrier does not have a penalty assessed by the EDD pursuant to §1128 of the California Unemployment Insurance Code that is a final imposition of that penalty.

Note: Do not send payment with application. You will submit payment later with your signed Settlement Agreement. If you submit payment with application, it may cause a processing delay.

	I declare under penalty of perjury under the laws of the State of California, that I have examined this submission, including any accompanying documents, and to the best of my knowledge and belief, all of the facts contained herein are true, correct, and complete.	
Sign Here	Motor Carrier’s / Employer’s signature ▶	Date
