

ATTENTION: MANAGEMENT / DISPATCH

PLEASE TAKE NOTE OF THE FOLLOWING DOCUMENTS NEEDED FROM EACH DRIVER FOR THE QUALIFICATION PROCESS.

1. **DRIVER APPLICATION - COMPLETED**
(APLICACION - COMPLETO)
2. **DMV DRIVING RECORD**
(RECORD DE MANEJO – 3 ANOS)
3. **DRIVERS LICENSE**
(LICENCIA DE MANEJAR)
4. **LONG FORM MEDICAL & CARD**
(FORMA LARGA DE MEDICO & TARJETA)
5. **SOCIAL SECURITY CARD**
(TARJETA DE SUGURO SOCIAL)
6. **WORK PERMIT OR CITIZENSHIP**
(MICA, PASSAPORTE, OR PERMISO DE TRABAJO)
7. **VEHICLE REGISTRATION**
(REGISTRACION DE TROKE)
8. **CA#**
(CA NUMERO DE C.H.P.)
9. **PRE-EMPLOYMENT DRUG TEST**
(EXAMIN DE DROGAS)
10. **FOR DRIVER'S WITH THEIR OWN INSURANCE -**
(PARA LOS CHOFERES CON SU PROPIA ASEGURANSA)

WE WILL NEED AN INSURANCE CERTIFICATE LISTING:

- "AS ADDITIONAL INSURED" W/ ENDORSEMENT TO FOLLOW

H.P.C. TESTING SERVICES

1600 E. Burnett St.
 Signal Hill, Ca 90755
 Phone: (562) 989-5991
 Fax: (888) 502-5581

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OFFICE HOURS: MONDAY - FRIDAY 8:30 a.m. - 7:00 p.m.
 SATURDAY 8:30 a.m. - 4:00 p.m.

Date _____ Time _____

Contractor/Company: _____

Patient's Name _____

Reason for test:

- Pre-Employment Random
- Reasonable Suspicion/Cause Post Accident
- Return to Duty Follow-up
- Other (Specify) _____

Test to be Performed:

- D.O.T. Physical Examination
- NIDA Federal Drug Related Drug Test
- Non NIDA Drug Screen
- Saliva Alcohol Test
- Drug & Alcohol Consortium Program

Special Instructions: _____

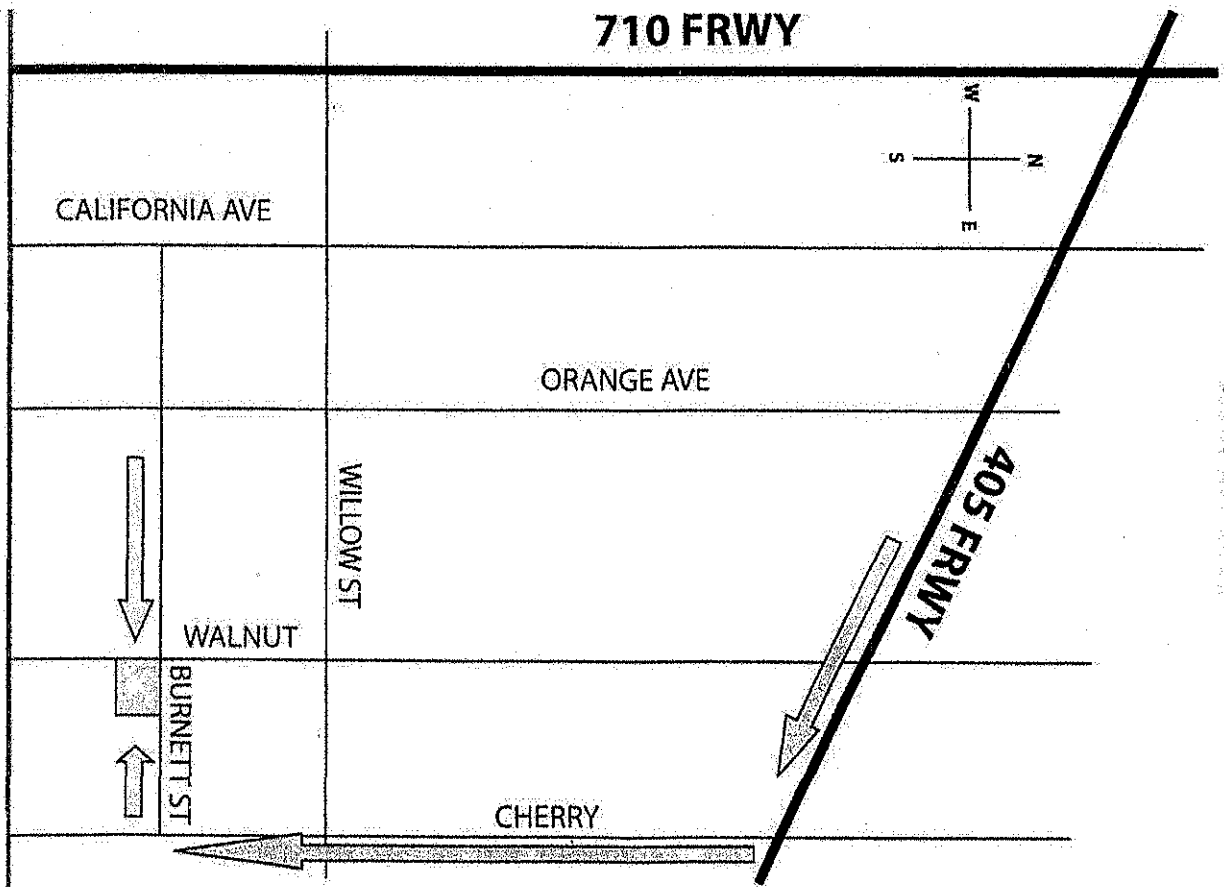
E mail Requested: Yes No

Fax Report Requested: Yes No

E mail or Fax Requested to: _____

Patient Pays Bill Authorized by: _____

See map on reverse side



"EASTBOUND ON WILLOW STREET IS A TRUCK ROUTE"

PACIFIC COAST HWY

Owner Operator / Driver Information (Add Sheet)

| Driver Information | |
|---------------------------|---------|
| Name | |
| Address | |
| Tel. # | Cell #: |
| Radio # | |
| D.O.B. | |
| CDL # | |
| S.S. # | |
| Experience | |

| Owner Information | |
|--------------------------|--|
| Name | |
| Address | |
| Tel. # | |
| SS# / TAX ID | |

| Truck Information | |
|--------------------------|--|
| Year | |
| Make | |
| License.PL# | |
| VIN # | |
| Stated Value | |
| Lein Holder | |
| CA# | |

CHECKLIST

| | | | | | |
|----------------|--------------------------|---------------|--------------------------|------------------------|--------------------------|
| APPLICATION | <input type="checkbox"/> | REGISTRATION | <input type="checkbox"/> | ADD TO AUTO LIABILITY | <input type="checkbox"/> |
| DMV - MVR | <input type="checkbox"/> | CONTRACT | <input type="checkbox"/> | ADD TO PHYSICAL DAMAGE | <input type="checkbox"/> |
| COPY OF CDL | <input type="checkbox"/> | DOCUMENTATION | <input type="checkbox"/> | ADD TO OCC./ACC POLICY | <input type="checkbox"/> |
| MEDICAL CARD | <input type="checkbox"/> | DRUG SCREEN | <input type="checkbox"/> | | |
| LONG FORM MED. | <input type="checkbox"/> | PROCESSING | <input type="checkbox"/> | | |
| SS CARD | <input type="checkbox"/> | ASSIGN UNIT # | <input type="checkbox"/> | | |
| WORK PERMIT | <input type="checkbox"/> | ORIENTATION | <input type="checkbox"/> | | |

INFORMATION/DATA SHEET

DATE

APPLYING FOR **INDEPENDENT CONTRACTOR / DRIVER** LOCATION APPLIED FOR

GENERAL INFORMATION

| | | |
|--|---------------------|--|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
| STREET ADDRESS (Resident address for past 3 yrs.) PRESENT | | |
| CITY | STATE | ZIP CODE |
| | | |
| HOME PHONE AND/OR WORK PHONE | SOCIAL SECURITY NO. | ARE YOU OVER 25 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO |

DO YOU HAVE A PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? YES NO

IF YES, EXPLAIN

IF SELECTED, ARE YOU WILLING TO HAVE A PHYSICAL EXAMINATION INCLUDING DRUG SCREENING? YES NO

CURRENT LICENSES HELD (SPECIFY KIND, STATE, LICENSE NO., EXPIRATION AND ENDORSEMENTS)

| | | |
|--|--------------|-------------------------------|
| HAVE YOU EVER BEEN INJURED ON THE JOB | IF YES, WHEN | HOW LONG WERE YOU OUT OF WORK |
| EXPLAIN INCIDENT | | |

IF YOU ARE NOT A U.S. CITIZEN, HAVE YOU THE LEGAL RIGHT TO REMAIN PERMANENTLY IN THE U.S.? YES NO

DO YOU POSSESS A VISA WITH THE APPROPRIATE WORK PERMIT? YES NO

HAVE YOU EVER WORKED FOR THIS COMPANY IN THE PAST? YES NO IF YES, WHEN

WERE YOU EVER DISMISSED FROM EMPLOYMENT? YES NO

IF YES, EXPLAIN

HAVE YOU EVER BEEN CONVICTED FOR ANY OFFENSE, OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO
(Applicants are not required to report incidents or judicial proceedings occurring under regulations affecting juvenile offenders prior to their eighteenth birthday.)

IF YES, EXPLAIN

| | |
|--|---|
| HAVE YOU EVER SERVED IN THE ARMED FORCES <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES FROM TO |
|--|---|

EDUCATION

| SCHOOLS | NAME OF SCHOOL | CITY | GRADUATE OR DEGREE |
|-----------------------|----------------|------|--------------------|
| ELEMENTARY | | | |
| HIGH SCHOOL | | | |
| COLLEGE OR UNIVERSITY | | | |
| BUSINESS OR TECHNICAL | | | |
| OTHER | | | |

JOB HISTORY

LIST YOUR WORK RECORD. BEGIN WITH PRESENT JOB AND LIST IN REVERSE ORDER. INCLUDE SELF-EMPLOYMENT IN EXCESS OF ONE MONTH AS A SEPARATE RECORD. (PHONE NUMBERS ARE A MUST.) **IMPORTANT:** ALL PROSPECTIVE COMMERCIAL DRIVERS MUST PROVIDE HISTORY OF ANY COMMERCIAL DRIVING EXPERIENCE OVER THE PRIOR 10 YEARS.

| | | | |
|----------------------------------|----------------------|------------------------------|-----------|
| DATE OF WORK - MO. YR. FROM / | YOUR JOB TITLE | NAME OF COMPANY | PHONE NO. |
| TO / | DESCRIBE YOUR DUTIES | ADDRESS | |
| % OF FULL TIME | | NAME AND TITLE OF SUPERVISOR | |
| LAST SALARY | | REASON FOR LEAVING | |
| PER | | | |
| DATE OF WORK - MO. YR. FROM / | YOUR JOB TITLE | NAME OF COMPANY | PHONE NO. |
| TO / | DESCRIBE YOUR DUTIES | ADDRESS | |
| % OF FULL TIME | | NAME AND TITLE OF SUPERVISOR | |
| LAST SALARY | | REASON FOR LEAVING | |
| PER | | | |
| DATE OF WORK - MO. YR. FROM / | YOUR JOB TITLE | NAME OF COMPANY | PHONE NO. |
| TO / | DESCRIBE YOUR DUTIES | ADDRESS | |
| % OF FULL TIME | | NAME AND TITLE OF SUPERVISOR | |
| LAST SALARY | | REASON FOR LEAVING | |
| PER | | | |
| DATE OF WORK - MO. YR. FROM / | YOUR JOB TITLE | NAME OF COMPANY | PHONE NO. |
| TO / | DESCRIBE YOUR DUTIES | ADDRESS | |
| % OF FULL TIME | | NAME AND TITLE OF SUPERVISOR | |
| LAST SALARY | | REASON FOR LEAVING | |
| PER | | | |
| DATE OF WORK - MO. YR. FROM / | YOUR JOB TITLE | NAME OF COMPANY | PHONE NO. |
| TO / | DESCRIBE YOUR DUTIES | ADDRESS | |
| % OF FULL TIME | | NAME AND TITLE OF SUPERVISOR | |
| LAST SALARY | | REASON FOR LEAVING | |
| PER | | | |

(IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES)

OWNER OPERATORS: NUMBER OF TRUCKS _____ ; CA# _____

| YEAR | MAKE | TYPE | VIN NUMBER | LIC. PLATE # | STATE | LIC. PLATE EXPIRATION |
|------|------|------|------------|--------------|-------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

REFERENCES:
LIST A MINIMUM OF THREE PEOPLE NOT RELATED TO YOU WHO CAN ATTEST TO YOUR PROFESSIONAL ABILITIES AND CHARACTER.

| NAME | ADDRESS AND TELEPHONE NUMBER | OCCUPATION | YEARS KNOWN |
|------|------------------------------|------------|-------------|
| | | | |
| | | | |
| | | | |

DRIVING EXPERIENCE RECORD

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | FROM | DATES | TO | APPROX. NO. OF MILES (TOTAL) |
|--------------------------|---|------|-------|----|------------------------------|
| STRAIGHT TRUCK | | | | | |
| TRACTOR AND SEMI-TRAILER | | | | | |
| TRACTOR-TWO TRAILERS | | | | | |
| OTHER | | | | | |

ACCIDENT RECORD FOR PAST 3 YEARS

| MONTH-YEAR | TYPE ACCIDENT | TYPE EQUIPMENT | DEATH OR INJURIES | CITY OR COUNTY | NIGHT OR DAY | EMPLOYER |
|------------|---------------|----------------|-------------------|----------------|--------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH SHEET IF MORE SPACE NEEDED)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

ANY DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT OR PRIVILEGES TO OPERATE A MOTOR VEHICLE ISSUED?
 YES: _____ NO: _____ GIVE STATEMENT OF CIRCUMSTANCES: _____

WERE YOU SUBJECT TO FMCSR'S IN YOUR PREVIOUS EMPLOYMENT OR CONTRACTUAL POSITION? YES: _____ NO: _____
 WAS YOUR PREVIOUS POSITION DESIGNATED AS "SAFETY SENSITIVE" SUBJECT TO CSAT TESTING? YES: _____ NO: _____

Contractors Name _____ Date _____

TO BE READ AND SIGNED BY CONTRACTOR / DRIVER

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an contractual decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my information data form.

In the event of acceptance, I understand that false or misleading information given on this form or interview(s) may result in termination of contract. I understand also, that I am required to abide by all rules and regulations of the contractual company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) / contractors will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers / contractors:
- Have errors in the information corrected by previous employers / contractors and for those previous employers / contractors to re-send the corrected information to the prospective contractor: and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) / contractors and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

DATE CONTRACTED _____ REJECTED _____

DIVISION _____

IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE:

SIGNATURE OF INTERVIEWING OFFICER: _____

TERMINATION OF SERVICES

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER / CONTRACTOR

RELEASE AUTHORIZATION FOR PREVIOUS EMPLOYMENT VERIFICATION, DRUG & ALCOHOL TEST RESULTS.

DRIVER: _____ **SSN#:** _____

THIS WRITTEN REQUEST, EXPRESSLY AUTHORIZES MY PREVIOUS EMPLOYER/CONTRACTOR (BELOW), TO RELEASE INFORMATION TO FNS, INC., CONTAINED IN RECORDS REQUIRED TO BE MAINTAINED BY FEDERAL LAW. INCLUDING; RECORDS OF ANY VERIFIED POSITIVE DRUG TEST RESULT, REFUSALS TO BE TESTED, SUBSTITUTED OR ADULTERATED TEST RESULTS, ALCOHOL TESTS RESULTING IN AN ALCOHOL CONCENTRATION OF 0.04 OR GREATER, OTHER VIOLATIONS OF DOT AGENCY DRUG AND ALCOHOL TESTING REGULATIONS AND INFORMATION RELATED TO CONTROLLED SUBSTANCE AND ALCOHOL ABUSE OBTAINED FORM A PREVIOUS EMPLOYER/CONTRACTOR. (FMCSR 40.25)

I FULLY AUTHORIZE AND AGREE WITHOUT RESERVATION FOR YOUR COMPANY TO TRUTHFULLY RELEASE THE INFORMATION CITED ABOVE AND TO FULLY COMPLETE AND RETURN THIS QUESTIONNAIRE.

DRIVER SIGNATURE: _____ **DATE:** _____

TO: _____ **PHONE:** _____
(PREVIOUS EMPLOYER/ CONTRACTOR) **FAX:** _____

THE APPLICANT NAMED ABOVE HAS INDICATED HE PREVIOUSLY WORKED FOR YOUR COMPANY. THE USDOT REQUIRES WE OBTAIN INFORMATION CONCERNING THE DRIVER APPLICANT ABOVE. WE MUST OBTAIN THE DRIVER'S PAST DRUG AND ALCOHOL TEST RESULTS AS WELL AS PERFORMANCE EVALUATION (FMCSR 391.23). THIS INFORMATION WILL DETERMINE THIS INDIVIDUALS QUALIFICATIONS AND FITNESS TO PERFORM WORK IN A SAFETY SENSITIVE POSITION.

PERIOD OF EMPLOYMENT/ CONTRACT: _____ **TO:** _____ **POSITION HELD:** _____
ELIG. FOR REHIRE: _____ **NO. OF STATES DRIVEN:** _____ **NO. OF CITATIONS:** _____
NO. OF ACCIDENTS: _____ **DOT REPORTABLE:** _____ **NON-REPORTABLE:** _____
EQUIPMENT OPERATED: _____ **LOG/HOURS OF SVCE. PROBLEMS?:** _____
GENERAL CONDUCT SATISFACTORY? _____
ADDITIONAL COMMENTS? _____

UNDER PART 40.25 CONT.SUBSTANCE TESTING- WITHIN 3 YEARS PRECEDING THE DATE ABOVE, DID THE DRIVER EVER HAVE:

ANY VERIFIED POSITIVE CONTROLLED SUBSTANCE RESULTS? _____
ANY ALCOHOL TEST RESULTS WITH AN ALCOHOL CONCENTRATION OF 0.04 OR GREATER? _____
ANY REFUSALS TO BE TESTED INCLUDING SUBSTITUTE OR ADULTERATED TEST RESULTS? _____
ANY OTHER KNOWN VIOLATION OF THE USDOT DRUG & ALCOHOL TESTING REGULATIONS? _____

PERSON PROVIDING INFORMATION: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

**DRIVER PROFICIENCY (CAC 13, 1229)
AND AUTHORIZED VEHICLES (CAC 13, 1234 (b))**

_____ Has demonstrated to me **SAFETY DEP. REP.**
Driver's Name

That he / she can safely operate the below named vehicles / equipment:

- _____ Straight truck
- _____ Tractor & trailer combination
- _____ Doubles / triples
- _____ Tank vehicle
- _____ Vehicle less than 10,000 pounds GVWR
- _____ Vehicle 10,000 pounds to 26,000 pounds GVWR
- _____ Vehicles 26,001 pounds and more GVWR
- _____ Bus with air brakes _____ passengers
- _____ Bus with hydraulic brakes _____ passengers
- _____ Standard shift transmission
- _____ Automatic transmission only
- _____ Air brakes endorsement
- _____ Hazardous materials endorsement
- _____ Special equipment (specify) _____

cer tificA te of Driver's roAD test

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined.
(49 CFR 391.31(e)(f)(g))

cer tificA tion of roAD test

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20____, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

(Organization and Address of Examiner)

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Motor Vehicle Operator's License Number _____

Type of License _____ Issuing State _____

| DAY | 1 <small>(yesterday)</small> | 2 | 3 | 4 | 5 | 6 | 7 | |
|--------------|---------------------------------|---|---|---|---|---|---|-------------|
| DATE | | | | | | | | |
| HOURS WORKED | | | | | | | | TOTAL HOURS |

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of a common contract or private motor carrier, also performing any compensated work for any nonmotor entity.

(check one)

Are you currently working for another employer?

Yes No

At this time do you intend to work for another employer while still employed by this company?

Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Pre-Employment Drug Testing Notification and Consent

I understand as required by the Federal Motor Carrier Safety Regulations, 49 CFR and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample which will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

I understand, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle in interstate commerce. I also understand I will be given a reasonable opportunity to confer with the company's Medical Review Officer before any positive test result is reported to the company.

The result of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test result was negative or positive to the motor carrier. The Medical Review Officer or the company may also release the result to my examining physician in connection with my DOT-required physical. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a urine drug test.

Print Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Certificate of Drug Abuse Awareness Training

This certificate makes known _____
(training participant)

on 20 attended a course of instruction addressing the harmful effects of drug abuse on personal health, safety and the work environment, with specific emphasis on the hazards created by driver drug abuse for themselves, motor carriers, and the traveling public. This drug abuse awareness instruction consisted of 60 minutes or more of training as follows:

(Check those which apply:)

- (a) Audio / Visual presentations (videotapes, slide programs, etc.)
- (b) Distribution of drug abuse materials
- (c) Attendance at live presentation by _____
(name of speaker)
- (d) Other: _____

Signature of
Training Participant

Signature of Drug Awareness Instructor or
Other Authorized Company Representative

Statement of Policy Acknowledgment of Receipt

382.601(d)

Company Name

This letter is to inform you of the Company's position regarding drug and alcohol abuse and testing, as well as to provide you with a copy of the Company's policy on controlled substance abuse. While there is not intent to intrude upon the private lives of employees or contractors, the Company is concerned with those situations where drug and alcohol use interferes with the employee's health or job performance; effects to job performance of other employees or contractors is detrimental to the Company's business. It is the responsibility of _____ (Company) to provide safe working conditions for all employees and contractors.

Should you have any questions regarding this policy, contact the Personnel Department. Please sign and date in the space below as your receipt of this policy.

Name

Date

Company's Representative

**U.S. Department of Transportation Motor Carrier Safety Program
Annual Review of Driving Record - 49 CFR Part 391.25**

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

the driver meets the minimum requirements for safe driving, or

the driver is disqualified to drive a motor vehicle pursuant to 391.15

Motor Vehicle Certificate of Violations; 49 CFR Part 391.27

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

| Date | Offense | Location | Type of Vehicle Operated |
|-------|---------|----------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver Name: _____

Date of Certification and Review: _____

Certified and Reviewed by: _____

Motor Carrier Name: _____

Part 40.25 (j) ASKING THE DRIVER FOR DRUG AND ALCOHOL

40.25(j) As the employer, you must also ask the employee/driver whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

MOTOR CARRIER NAME:

PROSPECTIVE DRIVERS NAME: _____

THE PROSPECTIVE DRIVER IS REQUIRED BY SECTION 40.25(J) TO RESPOND TO THE FOLLOWING QUESTIONS.

1. HAVE YOU TESTED POSITIVE OR REFUSED TO TEST ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER OR MOTOR CARRIER TO WHICH YOU APPLIED FOR BUT DID NOT OBTAIN SAFETY SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCOHOL TESTING RULES DURING THE PAST THREE YEARS?

CHECK ONE: () YES () NO

2. IF YOU ANSWERED YES, CAN YOU PROVIDE/ OBTAIN PROOF THAT YOU'VE SUCCESSFULLY COMPLETED THE DOT RETURN-TO-DUTY REQUIREMENTS?

CHECK ONE: () YES () NO

PROSPECTIVE DRIVERS SIGNATURE: _____ **DATE:** _____

**COMPANY SPEEDING, SEAT BELT & UNAUTHORIZED
PASSENGER POLICIES**

COMPANY SPEEDING POLICY

PER USDOT REGULATIONS PART 392.6 CFR

No motor carrier shall schedule a run nor permit nor require the operation of any commercial motor vehicle between points in such period of time as would necessitate the commercial vehicle being operated at speeds greater than those prescribed by the jurisdictions in or through which the commercial motor vehicle is being operated.

COMPANY SEAT BELT POLICY

PER USDOT REGULATIONS PART 392.16 CFR

A commercial motor vehicle which has a seat belt assembly installed at the driver's seat shall not be driven unless the driver has properly restrained him-self/herself with the seat belt assembly.

COMPANY UNAUTHORIZED PASSENGER POLICY

PER USDOT REGULATIONS PART 392.60 CFR

Unless specifically authorized in writing to do so by the motor carrier under whose authority the motor vehicle is being operated, no driver shall transport any person or permit any person to be transported on any motor vehicle other than a bus. When such authorization is issued, it shall state the name of the person to be transported, the points where the transportation is to begin and end, and the date upon which authority expires.

Signature

Date

COMPANY ACCIDENT PROCEDURES

Every driver of a motor vehicle involved in an accident resulting in injury to, or death of, any person or persons, or property damage of any kind, regardless of the amount, shall:

1. STOP IMMEDIATELY
2. TAKE ALL NECESSARY TO PREVENT FURTHER ACCIDENTS AT THE SCENE
3. RENDER ALL REASONABLE ASSISTANCE TO INJURED PERSONS. (DO NOT TRY TO MOVE INJURED PERSON – CALL 911 IMMEDIATELY)
4. EXCHANGE ANY AND ALL APPLICABLE INFORMATION WITH THE OTHER PARTIES INVOLVED AT THE SCENE.
5. REPORT ALL DETAILS OF THE ACCIDENT AS SOON AS POSSIBLE DURING OR AFTER THE OCCURRENCE. FEEL FREE TO CALL THE SAFETY DEPARTMENT OR DISPATCH DIRECTLY AFTER AN INCIDENT OCCURS.

Reporting of Accidents

Failure to do any of the following, in the event you are involved in an accident, will result in disciplinary measures and or discharge depending upon the severity of the incident.

This holds true in any accident, regardless of which party appears to be at fault, or initial estimate of damage.

1. NOT REPORTING THE ACCIDENT TO THE DESIGNATED COMPANY REP.
2. NOT COMPLETING THE PRELIMINARY ACCIDENT REPORT
3. NOT TAKING PICTURES AT THE SCENE IF POSSIBLE.

There is no such thing as providing the company with too much information in the event you are involved in any accident. This is one of your prime responsibilities.

Signature

Date

"OWNER OPERATORS / DRIVER SAFETY POLICY"

I intend to the best of my ability to comply with all the State & Federal Safety Regulations of The CVC, Title 13 CCR, Title 49 CFR, and The FMCSR's whenever applicable, as well as the safety policies of this company. I will not allow business considerations to override sound safety procedures. I will accomplish this by adhering to the following policies:

EQUIPMENT MAINTENANCE

I will keep all equipment in good mechanical condition. Repair and inspect them regularly and maintain a systematic preventive maintenance program.

I will inspect my equipment before and after each use and complete a written daily vehicle inspection report after each use. I will keep a copy of this report in each vehicle equipment file for a minimum of three months.

I will complete a thorough preventive maintenance inspection on each vehicle I operate at least once every 90 days as required by the California Vehicle Code and/or an Annual Inspection as required by The FMCSR's. I will complete, sign and keep on file for two years a "Safety/PM Inspection Record" documenting that each vehicle has been fully inspected and repaired every 90days and/or annually.

I will maintain a vehicle inspection file for each piece of equipment (including power units, trailers, and con gear) in an orderly manner and make these available for inspection by the California Highway Patrol and/or the USDOT.

HOURS OF SERVICE

I am familiar with the hours of service regulations outlined in Article 3, Title 13 of the California Code of Regulations (Intrastate) and/or the Hours Of Service Regulations in Part 395, FMCSR's (Interstate). I will not drive nor allow any other person to drive my vehicle beyond the legal hours allowed. I will compete and require any other person driving my vehicle to complete a "Driver Daily Worksheet" and/or a "Daily Log" as required by law. I will always maintain a "Record of Duty Status" as required by law. I will maintain the time keeping records for myself and anyone who drivers for me for a minimum period of 6 months and make these files available for inspection by the California Highway Patrol and/or the USDOT.

At no time shall I attempt nor allow any other person to operate my equipment unless physically able and well rested.

DRIVER QUALIFICATION AND SELECTION

No person including myself shall operate my vehicle unless they are fully qualified and I have a completed Driver Qualification File on each driver.

I will also obtain a copy of a current driver's license with proper endorsements (and a DMV printout no more than 30 days old) on each driver and register each driver I employ in the DMV pull notice program.

I will obtain an updated DMV printout at least once a year on every driver I employ.

I will maintain a current long form physical on file for each driver I employ.

I will make this information available for inspection by the California Highway Patrol and/or the USDOT.

TERMINAL INSPECTION

I will prepare an application with the California Highway Patrol for a terminal inspection at least once every 2 years. My initial application will be submitted along with appropriate fees. I understand that failure to present an application or failure to pass the inspection may result in the suspension or revocation of my operating authority and/or the filing of a criminal complaint with the applicable District Attorney's office.

I will place my CA# on both sides of my power unit as required. I will pay all BIT fees and comply with all the State regulations in accordance with the California Highway Patrol.

DRIVER TRAINING

I will provide each driver with a copy of the Federal Motor Carrier Safety Regulations.

I will hold periodic meeting with my drivers regarding safety regulations and driving practices, and I will document each meeting.

ACCIDENTS

Every accident in which I or any of my drivers is involved shall be considered preventable until it is established by investigation that there was no action which the driver could have reasonably taken to avoid the accident and that his actions in no way contributed to the occurrence of the accident. For purposes of determining a driver's safe driving ability under this policy it is not enough to ascertain that he was not in violation of any traffic law or regulation. The responsibility of the professional truck driver to avoid accidents goes beyond compliance with traffic laws. He must follow the Defensive Driving Code. He must drive in such a way that he commits no errors himself and so controls his vehicle to make due allowance for condition of the road, weather or traffic, and so that mistakes of other drivers do not involve him in any accident. I will report any incidents to the carrier and/or company immediately and/or in accordance with the company's accident policy. I will also report any accident involving property damage exceeding \$750.00 to the California Department of Motor Vehicles as required by law.

Drivers Signature _____

Date _____

"HOURS OF SERVICE POLICY FOR DRIVERS"

We are committed to following hours-of-service regulations. The State of California and the USDOT regulations require that all motor carriers and drivers follow the hours-of-service requirements.

It is our policy that all new drivers be trained in the hours-of-service regulations as part of our company's driver orientation program.

Drivers must have the knowledge of the following rules to be in compliance with the regulations:

- ❖ **11 hour driving rule:** A driver cannot drive for more than 11 hours following 10 consecutive hours off duty. Another words, drivers are allowed a maximum of 11 hours driving, after which they must have at least 10 consecutive hours off duty before they can drive again.
- ❖ **14-hour rule:** A driver cannot driver after the 14th consecutive hour after coming on duty. Another words, a driver can be on duty for a maximum of period of 14 hours, after which they must have at least 10 consecutive hours of rest before they can drive again
- ❖ **60/70-hours on duty in 7/8 - day limit:** A driver cannot drive after 60/70 hours on duty in 7/8 consecutive days.
- ❖ **34-hour restart:** A driver may restart a 7/8 consecutive day period after taking 34 or more consecutive hours off duty.

It is recommended that motor carriers and drivers keep a summary (recap) of drivers' hours worked and available. This will help prevent hours of service violations.

Every driver must maintain and produce a record of duty status (log) for each 24 hour period.

The driver must submit their completed logs into the respectful dispatchers or Safety Dept. every week if possible. Motor carriers must retain their copy of the logs for 6 months.

"LOCAL DRIVERS WITHIN 100 AIR-MILE RADIUS"

(100 Air-miles is equivalent to 115.08 statute miles)

A driver is not required to complete a "log" if the following criteria are met:

- A driver operates within a 100 air-mile radius of the normal work reporting location and returns to their reporting location and is released from work within 12 consecutive hours.
- A driver can be "on duty" for a maximum of 12 consecutive hours, after which they must have 10 consecutive hours off duty.
- A driver cannot drive for more than 11 hours following 10 hours off duty.

Another words, a driver cannot be on duty more than 12 hours or drive more than 11 hours.

Drivers who use this exemption must keep time records on the daily worksheet / manifest provided. They shall detail the date, time on duty, and time driving for each day.

Any driver who fails to comply, will be in violation and a warning or written notice of disqualification produced. Company policy as well as the applicable State and Federal Regulations, will be strictly enforced.

Drivers Signature _____ Date _____

“Preventative Maintenance Inspection Program”

The safe operation of all commercial vehicles we contract or employ is a significant priority. Our company's serious concern for overall safety, has compelled the implementation of strict company policies. These policies include and are not exclusive to, the "Accident Policy," and the "Scheduled Vehicle Inspection."

We have organized and implemented a systematic preventative maintenance vehicle inspection program which consists of a pre-employment vehicle inspection (or proof-of), as well as a vehicle inspection every **90 days** thereafter or less. Our purpose and objective of this maintenance program is to ensure the safe and proper operation of all vehicles. This program is *mandatory* and will be strictly enforced.

Not only is it our company policy, yet a well-organized vehicle maintenance program is a State and Federal requirement. As stated in Chapter 6.5, 13 CCR, "it is the requirement that motor carriers maintain those vehicles in proper operating condition, and have to do so in a systematic manner."¹ Section 1232 (a) of that code states:

1232. Vehicle Inspections and Maintenance.

(a) Preventative Maintenance. Motor carriers shall ensure that all vehicles subject to their control, and all required accessories on the vehicles, are regularly and systematically inspected, maintained, and lubricated to ensure they are in safe and proper operating condition....

***The inspections performed by the CHP or any other regulatory agency do not count as part of any motor carrier's own preventative maintenance program.²**

In addition, it is company policy that all owner operators/contracted drivers, will be enrolled in the "BIT" program with the CHP.

Signature

Date

¹ California Highway Patrol, Motor Carrier Safety Compliance Handbook, HPH 84.6., Pg. 2-2

² California Highway Patrol, Motor Carrier Safety Compliance Handbook, HPH 84.6., Pg. 2-3

SAFETY DEPARTMENT

I, _____ FULLY UNDERSTAND THAT THE
CARRYING OF UNAUTHORIZED PASSENGER(S) WHILE IN THE SCOPE OF MY
DRIVING DUTIES IS STRICTLY FORBIDDEN AS PER FEDERAL REGULATIONS.

**YO ENTIENDO COMPLETAMENTE QUE LLEVAR PASAJEROS SIN
AUTORIZACION ESTA COMPLETAMENTE PROHIBIDO**

I, _____ FULLY UNDERSTAND THAT I MUST
REPORT ANY ACCIDENTS, INCIDENTS, AND/OR INJURIES TO THE
SAFETY DEPARTMENT AND THE DISPATCHER IMMEDIATELY.

**YO ENTIENDO QUE DEBO REPORTAR INMEDIATAMENTE A MI
DESPACHADOR EN TURNO TODOS LOS INCIDENTES, ACCIDENTES Y
LASTIMADURAS.**

DRIVER'S SIGNATURE / FIRMA DEL CHOFER

DATE / FECHA

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

| | |
|--|---|
| Name | |
| Business name, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding | |
| Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| City, state, and ZIP code | |
| List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | | | |
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| | | | | | | | | | | |
| or | | | | | | | | | | |
| Employer identification number | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table> | | | | | | | | | | |
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Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the Instructions on page 4.)

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you should use the requester's form. However, this form must meet the acceptable specifications described in Pub. 1167, General Rules and Specifications for Substitute Tax Forms and Schedules.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

| | | | |
|---|-------|--|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | Social Security # |
| I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. | | I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admslssion # _____) | |
| Employee's Signature | | | Date (month/day/year) |

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | |
|---|------------|
| Preparer's/Translator's Signature | Print Name |
| Address (Street Name and Number, City, State, Zip Code) | |
| Date (month/day/year) | |

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

| List A | OR | List B | AND | List C |
|--|----|----------------|-----|----------------|
| Document title: _____ | OR | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): ____/____/____ | | ____/____/____ | | ____/____/____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): ____/____/____ | | _____ | | _____ |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

| | | |
|--|---|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name | Address (Street Name and Number, City, State, Zip Code) | |
| | | Date (month/day/year) |

Section 3. Updating and Reverification. To be completed and signed by employer

| | |
|--|--|
| A. New Name (if applicable) | B. Date of rehire (month/day/year) (if applicable) |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____ | |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

**ACKNOWLEDGEMENT
OF INDEPENDENT CONTRACTOR**

The undersigned acknowledges that it has been retained by _____ (herein referred to as Company) for the purposes of providing drivers and heavy equipment for compensation as outlined in the "Transportation Agreement"

It is further acknowledged that:

1. The undersigned shall be deemed an independent contractor and is not an employee, partner, agent, or engaged in a joint venture with Company nor are any drivers that the independent contractor supplies.
2. Consistent with the foregoing, the Company shall not deduct withholding taxes, FICA or any other taxes required to be deducted by an employer as I acknowledge my responsibility to pay same as an independent contractor.
3. I further acknowledge that I shall provide a Worker's Compensation Policy for any and all of my drivers/employees as required by law.
4. I further acknowledge that I shall not be entitled to any fringe benefits, pension, retirement, profit sharing or any other benefits accruing to employees and this will apply to all of my drivers/employees.

Signed this day at _____, California _____
Date

INDEPENDENT CONTRACTOR

By: _____
AUTHORIZED AGENT

PRINT NAME