Independent Contractor Application

Name (Print): _____ Date: _____

Company: **Supreme Auto Transport Inc.,**

Address: **7300 Miller Place, Suite B**

City: **Longmont** State: **CO** Zip: **80504**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY PROSPECTIVE CONTRACTOR

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 a decision to extend a contract.(Generally, inquiries regarding medical history will be made only if and after a conditional offer of a contract has been extended.) 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 application.

In the event of Contracted Services I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) 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;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree to the accuracy of the information.

Signature: _____Date: _____

FOR COMPANY USE

PROCESS RECORD

Contract START DATE:_____ REJECTED:_____

DEPARTMENT: _____ CLASSIFICATION:_____

(If rejected, Summary report of reasons should be placed in file)

SIGNATURE OF INTERVIEWING OFFICER:_____

TERMINATION OF CONTRACTED SERVICES

DATE TERMINATED:_____ DISMISSED:_____ VOLUNTARILY QUIT:_____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR:_____

CONTRACTOR TO COMPLETE

(Answer all questions. Please Print)

Position: _____

Name: _____ Social Security Number: _____
Last First Middle

List Your Addresses for the past 3 years.

Current Address: _____
Street City

_____ Phone _____ How Long: _____
State ZIP Code yr./mo.

Previous Addresses: _____ How Long: _____
Street City State and ZIP yr./mo.

_____ How Long: _____
Street City State and ZIP yr./mo.

_____ How Long: _____
Street City State and ZIP yr./mo.

Do you have the legal right to work in the United States? _____ _____

Date of Birth: _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: *From* _____ *to:* _____ Rate of Pay _____ Position _____

Reason for Leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been bonded? _____ Name of bonding company: _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to render contracted services- all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description?]

_____

If yes, explain, if you wish.

_____

_____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and ZIP code.
Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.
(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO

*** Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

= The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME			From (Mo./Yr.)	To: (Mo./Yr.)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs= WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

*** Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

= The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

Attach sheet if more space is necessary.

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver's licenses or permits held in the past 3 years.

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE: CHECK YES OR NO

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y)	TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK		(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI TRAILER		(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS		(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS		(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS		-			
MOTORCOACH - SCHOOL BUS		-			
OTHER					

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAILING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCES AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOUR WORK IN THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: (NAME) (CITY/STATE)

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR CONTRACTED SERVICE PURPOSES0- 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulations 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol by the DOT-regulated employer(s) listed below. I understand that information/documents released pursuant to this Part l is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years; (i) alcohol tests with results of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv)other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process of following a rule violation.

Should any company listed below furnish Supreme Auto Transport any information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to Supreme Auto Transport, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me in the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety sensitive function in the previous three years. If necessary, please attach additional pages. Please include your name, the date, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number

By signing below, I certify that: all information provided herein is accurate and complete, I have read and fully understand the disclosure and authorization for release; prior to signing I was given an opportunity to ask questions and have those questions answered to my satisfaction; I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could effect my eligibility to be an independent contractor, retention, or any other lawful purpose; I understand that I may review this document with legal counsel prior to signing; and facsimile or photographic of this authorization are as valid as an original.

Print Name:_____Social Security #:_____

Signature:_____Date:_____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 **TO BE COMPLETED BY PROSPECTIVE CONTRACTOR**

1. (Print Name) _____ _____
First, M.I., Last — Social Security Number

_____
Date of Birth

Previous Employer _____ E-mail: _____
Street _____ Telephone: _____
City, State, ZIP _____ FAX No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from_____(Contract Start Date).

To:

Prospective Contractual Relationship _____ _____

Attention _____ Telephone _____

Street City _____

State, ZIP _____

Prospective Contractual Relationship confidential FAX number: _____

Prospective Contractual Relationship confidential email address: _____

_____ _____
Contractor's Signature — Date

This information is being requested in compliance of §40.25 and 391.23.

SECTION 2: **TO BE COMPLETED BY PREVIOUS EMPLOYER**

The prospective contractor named above was employed by us.
Employed as _____From (m/y) _____To (m/y)_____

1. Did he/she drive a motor vehicle for you? ☐Yes ☐No If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐Bus ☐ Cargo Tank ☐

Doubles/Triples ☐ Other (Specify) _____

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐ sign below and return.
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the prospective contractor in the three (3) years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1					
2					
3					

Please provide information concerning any other accidents involving the prospective contractor that were reported to government agencies or insurers or retained internal companies: _____

_____

Any other remarks:_____

_____

Signature: _____ Title: _____

MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each contracted operator prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

CONTRACTED OPERATOR REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the contracted operator has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY CONTRACTED OPERATOR **- CERTIFICATION OF VIOLATIONS**

NAME OF CONTRACTED OPERATOR	SOCIAL SECURITY NUMBER	CONTRACT START DATE
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

(If you have had no violations, check the following box -- ☐ None.)

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Contracted Operator's Signature: _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

☐ Does not adequately meet satisfactory safe driving performance

Action Taken With Contracted Operator: _____

Reviewed by: _____ Signature _____ Date

_____ Printed Name SAFETY MANAGER Title

SUPREME AUTO TRANSPORT, INC. Motor Carrier Name

7300 MILLER PLACE, UNIT B, LONGMONT, CO 80504 Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED 3 YEARS FROM THE DATE OF EXECUTION

Company Name: Supreme Auto Transport, Inc.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results and your driving record may be obtained on you for contractual vocation purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Contractor's Signature	Date
Print Name	Social Security Number

Receipts and Policies

THIS IS TO CERTIFY THAT I HAVE RECEIVED A COPY OF THE FOLLOWING:

DRIVER'S NOTIFICATION LETTER

I have received a copy of and have read the above Supreme Auto Transport policy on alcohol and drug testing procedures. I understand that as a condition of my term as a contracted operator, I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a problem with alcohol or drug abuse during my contracted tenure with Supreme Auto Transport, Inc., I will seek assistance through the current alcohol and drug testing program administrator.

COMPANY POLICY- TRAINING RECEIPT

I have been trained as to the proper form and manner and as to the regulations concerning F.M.C.S.R. part 395, on this date. I have also received training on company drug and alcohol policy, accident and maintenance procedures.

DRUG AND ALCOHOL BOOK RECEIPT

I hereby acknowledge receipt of "STA UNITED'S EMPLOYEE GUIDE TO DRUG AND ALCOHOL TESTING." By signing my name, I have read the book and taken the short test in the back of the book. I fully understand the effects of drug and alcohol in the workplace and the regulations that pertain to this policy.

F.M.C.S.R. RECEIPT

I hereby acknowledge receipt of a copy of the Federal Motor Carrier Safety Regulations of the U.S. Department of Transportation (Parts 390-399). I agree to familiarize myself with these regulations and to comply with their provisions at all times on duty as a driver.

_____ _____

Contractor's Signature Date

_____

Approved By:

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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 required 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 license to the states that issued them. DESTROYING a license does not close the record in the state in which the license was issued; notification must be given to the state.

   If multiple licenses have been lost, stolen or destroyed, close your record by notifying the state of issuance that you no longer wish to be licensed by the state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELATION**: Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify the company 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) The company in which you have contracted to, 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 afore mentioned parties must be in writing.

The following license is the only one I will possess:

Driver's License No. State: Expiration Date:

CONTRACTED OPERATOR'S CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____

Reviewed by: _____
Date

Carrier Signature: _____ Safety Manager: _____

Carrier: SUPREME AUTO TRANSPORT, INC.; 7300 MILLER PLACE, SUITE B; LONGMONT, CO 80504

Comments:_____

_____

_____

_____

DECLARATION OF INTERMITTENT EMPLOYMENT

Under Federal Motor Carrier Safety Regulations (Section 391.23), Supreme Auto Transport Inc. is required to verify the employment background of all prospective independent contractors for the preceding three (3) years. You have stated that you were unemployed or self-employed during the time period shown below. This is designed to help you account for a period of your unemployment or self-employment, which cannot be verified by any other means. In the sections below, please fill in the dates and describe your activities during that time.

Print Name: _____ Social Security Number: _____

Date: _____ From:_____To:_____

During this period specified, I spent my time: _____

_____

_____

I also confirm that during that period, the statements I have checked below are **TRUE**

☐ I was not employed on a full-time or regular part-time basis

☐ I was self employed

☐ I did not collect unemployment benefits during that period.

☐ I was not convicted of a crime involving a motor vehicle or any aspect of the motor carrier industry.

☐ I was not involved in motor vehicle accident of any type.

The two people listed below, neither of whom is related to me in any manner, can verify the above information. I hereby authorize you to contact them and request information, and authorize them to release that information to you.

Name: _____Address: _____

_____

Phone: _____

Date: _____Signature: _____

PREVIOUS PRE-EMPLOYMENT
ALCOHOL AND DRUG TEST STATEMENT

Pursuant to Sec. 40.25(j) we are required to ask the prospective independent contractor whether he or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by a previous employer to which the prospective independent contractor applied for, but did not obtain during the past two years. If the independent contractor admits that he or she had a positive test or a refusal to test, you must not use the prospective independent contractor to perform safety sensitive functions for you, until and unless the prospective independent contractor documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: _____

Street: _____

City: _____

State, ZIP: _____

Prospective Employee Name: _____ ID Number: _____
(Print)

The prospective contractor is required by Sec. 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, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three (3) 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 Contractor Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Complete and FAX back to (303) 772-0413

DRIVER STATEMENT OF ON-DUTY HOURS
(For Newly Contracted Operators)

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: _____

Social Security Number: _____ Driver's License State: _____ Class:_____ Endorsement(s):_____

Restrictions:_____ Type of License: _____

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								**TOTAL HOURS**

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was relieved from work at:

Time:_____ Day:_____ Month: _____ Year: _____

Driver's Signature: Date:

DRIVER CERTIFICTION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When contracted by a motor carrier, a driver must report to the carrier all on-duty time including time working for other carriers. 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 non-motor carrier 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 contracted by this company? ☐Yes ☐ No

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

SIGNATURE:_____ DATE:_____

REPRESENTITIVE: _____ DATE: _____

MISUSE OF ALCOHOL AND USE OF CONTROLLED SUBSTANCES POLICY

We value our Independent Contractors who operate under our Federal Authority and we recognize each person's need for a safe and healthy work environment. Supreme is committed to maintaining a safe, drug free working environment for our operators as well as the maintenance of safe highways that are free from illegal drug use and the misuse of controlled substances, including alcohol.

Operators who use illegal drugs or who abuse other controlled substances (including alcohol) tend to be less productive and reliable, and are more prone to accidents and greater absenteeism. All Operators are subject to the provisions herein contained, Part 382 and Sections 383.51, 392.4 and 392.5 of the Federal Motor Carrier Safety Regulations (F.M.C.S.R.) (Controlled Substances and Alcohol Use and Testing), and all other applicable Federal and state laws and regulations.

Therefore, in light of all the above factors, we forbid the unlawful use or possession of alcohol, controlled substances, or other drugs; and ask that all our drivers give attention to their overall health and welfare, as well as the welfare of others.

Supreme Auto Transport, Inc. has a zero tolerance policy regarding drugs and alcohol and therefore an operator who tests positive for drugs or alcohol while on duty will be terminated immediately.

It will be up to the contractor to find a Substance Abuse Resource at their own expense. This new policy will be in effect immediately.

If you have any questions regarding this policy, please contact the Safety Department at Supreme Auto Transport, Inc. Please sign and return.

_____ _____

Signature Date

Thank You,

Supreme Auto Transport Management

ACH Enrollment Form

The completed enrollment form and required documentation should be attached. Any questions can be directed to: (303) 485-5417. All requests are to be sent to:

Supreme Auto Transport, Inc.
Attn: Accounting - Settlement Department
7300 Miller Place, Suite B
Longmont, CO 80504
Fax: (303) 485-9986

Vendor Information

Vendor Name	
Vendor Address	
City, State, ZIP	

Account Status	☐ New Account	☐ Change Account	☐ Cancel Enrollment

---

We would like our payments settled via ACH and deposited in the following bank account:

Account Type (Check One)	Checking	Savings

Bank Name:	
Bank Routing Number:	
Bank Account Number:	
Bank Address:	
Bank City/State/ZIP:	
Bank Phone Number:	

One of the Following Must be Attached:

☐ Voided Check ☐ Bank Letter or Specification Sheet (*See your bank representative for information.)*

AUTHORIZATION

To be completed by recipient, or an owner/officer or other authorized individual for corporation.

Date (MM/DD/YYYY): _____

Approved by: (Signature): _____

Approved by: (Printed Name): _____

This section to be completed by Supreme Auto Transport, Inc.:

Date Received (MM/DD/YYYY)	
Date Entered (MM/DD/YYYY)	
Entered By:	

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with _____ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication. Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

_____
Signature

_____
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015