

**TRANSLOGISTIX LLC., INDEPENDENT CONTRACTOR APPLICATION**

**PERSONAL INFORMATION**

Name:			
<small>LAST</small>		<small>FIRST</small>	
Address:	City:	State:	Zip:
Date of Birth:	SSN:		
Phone:	Email Address:		
DL #/State Issued:	Expiration Date:		
DBA:	FEIN:		

**PRIMARY VEHICLE/INSURANCE INFORMATION**

Insurance Company:	Insurance Policy #:			
Insurance Expiration Date:	Registration Expiration Date:			
Check all applicable Vehicle Types:	A. <input type="checkbox"/> Car <input type="checkbox"/> Mini Van <input type="checkbox"/> SUV <input type="checkbox"/> Pick Up Truck <small>Insured Minimum 100k, 300k, 100k</small>	B. <input type="checkbox"/> Cargo Van  <small>Insured Minimum 100k, 300k, 100k</small>	C. Box Truck <input type="checkbox"/> 10ft - 16ft <input type="checkbox"/> 20ft - 26ft <small>Insured Minimum 1m, 500k, 1m</small>	D. Tractor Power Unit <input type="checkbox"/> With trailer <input type="checkbox"/> Without trailer <small>Insured Minimum 1m, 500k, 1m</small>
License Plate #: DOT#: MC#:				

Primary Vehicle:

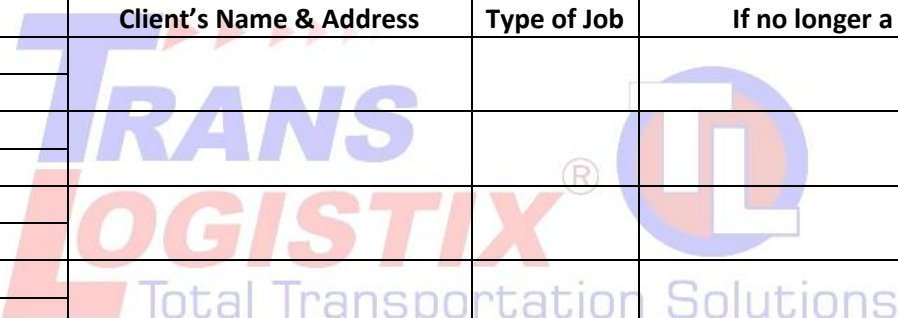
<small>MAKE</small>	<small>MODEL</small>	<small>YEAR</small>	<small>COLOR</small>
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**AVAILABILITY INFORMATION**

First date you can provide contract services:	Days and hours available to provide services:
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**PREVIOUS CONTRACTED SERVICES**

*List below previous contracted services, listing the most current one first*

Dates	Client's Name & Address	Type of Job	If no longer a client, state reason why
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

Please list your professional affiliations: *(Please provide a copy of proof established business with this information form –i.e.: Business cards, public advertisement, DBA filings, previous invoices, permits, business licenses, etc.)*

**BACKGROUND INFORMATION**

Certain clients for whom services are provided prohibit any criminal background.

Have you ever been convicted of any misdemeanor or felony criminal charge?  Yes  No

If Yes, please explain:

\*Answering yes does not exclude you from consideration for all clients.  
\*\*Misstatements and /or omissions of fact will result in immediate cancellation of Independent Contractor Agreement

Give name of 2 References (persons not related to you, who you have known at least 3 years)

Full Name	Email Address	Phone	Relationship	Years Known
1.				
2.				

How many accidents/collisions have you been involved in within the last three years?

How long have you driven as an Independent Contractor?

Where did you learn of this opportunity?

INDEPENDENT CONTRACTOR APPLICANT SIGNATURE	DATE
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