

US 1 LOGISTICS, LLC

280 Business Park Circle Ste 406
St. Augustine, FL 32095

Telephone 219.476.1304
Fax 219-476-8506

STEP BY STEP TO SIGN ON A DRIVER

1. PRE-QUALIFICATION:

- Complete (or have applicant complete) a pre-qualification form and scan to the Safety Department. (The application can be completed at this time, but is not needed to run the MVR.)
- Safety will then process the required reports.
- When the MVR is received (usually the same day), it must be reviewed BY THE SAFETY DEPT. to make sure it meets company and D.O.T. standards.
- An applicant will not be approved if he/she does not meet the qualifications outlined on page 3 (Minimum Qualifications) of the application.

2. MVR and DAC APPROVAL:

- When MVR and DAC are approved and the applicant meets the minimum qualifications, and the application is completed he/she can be sent for a drug screen and (a physical if needed).
- We can accept a physical that does not expire within 6 months, which must include the physician and clinic name, phone number, city, and state.
- All information on the physical must be completed and it must show an expiration date.
- Applicant must provide the long form physical and medical certificate card.

3. EQUIPMENT QUALIFICATION:

- The Owner of the truck must complete the truck paperwork included with the Equipment Qualification Section.
- He/she must complete all forms including the requests for physical damage (optional) and/or Bobtail (mandatory) insurance.
- If bobtail insurance is not purchased through us, he/she must provide a Certificate of Insurance from his insurance company showing US 1 LOGISTICS, LLC as the certificate holder.
- Bobtail insurance coverage minimum is 1,000,000.00.
- Bobtail insurance coverage through the company costs \$8.00 per week. Physical Damage insurance is not required, but offered at the cost of 4% of equipment value divided by 52 weeks.

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4. REGISTRATION and ANNUAL INSPECTION:

- Must have a current registration and annual inspection by an approved facility for the tractor (and trailer if he/she has one).
- Any truck owner wanting to purchase plates through US 1 LOGISTICS, LLC, must provide all forms listed on the Equipment Sign on Checklist provided in the Equipment section of the Qualification application which includes:
 - Title (front and back) OR Application for title (Owner name must match lease agreement)
 - Lease agreement from lessors and lessee with a proper sign off (if owner name is different from title)
 - Copy of Current 2290 with IRS Stamp
 - Bill of Sale
 - Bobtail Form
 - Fleet Modification Form (Purchase price, date of purchase, empty weight)
 - W-9
 - Need a lease agreement (1st and last page with signature)

5. RELEASE and AUTHORIZATION

- Once a negative drug screen result is received and all paperwork is completed and received in Safety, the truck owner and a company representative can sign a Lease Agreement and the driver can be released/authorized.
- Once the file is complete Safety will issue driver and truck codes, and release and authorize the driver for dispatch.
- Once the Terminal Manager receives the Release/Authorization, and codes from Safety, the driver may be dispatched. One original Lease Agreement should be kept in the truck and one original is kept in Safety.

Please feel free to call Tina Pickmans at 219-476-1304 or e-mail at tina@us1logistics.com, if you have any questions.

US 1 LOGISTICS, LLC

DRIVER PRE-QUALIFICATION / MVR REQUEST FORM

TERMINAL _____ City _____ State _____ Requested By _____

This form must be completed for all drivers seeking initial qualification for any entity or subsidiary of U.S. 1
This form must be completed in its entirety and scanned to safety to begin the screening process.
Please provide copy of the following documents at time of Pre-Qualification:
CDL, SS CARD, MEDICAL CARD & TWIC CARD IF APPLICABLE

NAME: _____ DATE: ____/____/____
LAST FIRST MI MONTH DAY YEAR

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

C.D.L LICENSE #: _____ STATE OF ISSUE: _____ EXPIRES: _____

SSN: _____ - _____ - _____ DATE OF BIRTH: ____/____/____ PHONE#: _____
MONTH DAY YEAR

MEDICAL CARD EXPIRATION: _____ TWIC CARD: (YES) _____ (NO) _____

- HAS THE DRIVER: YES NO
1. Ever been convicted of a felony?
2. Been convicted of reckless driving within the last 5 years?
3. Been convicted of DUI/DWI within the last 5 years?
4. Ever failed or refused to take a required DOT drug or alcohol test?
5. Been involved in any accidents within the last 3 years? (List separately)
6. Been convicted of any moving violations within the last 3 years? (List separately)
7. Received and maintained a Hazardous Materials Endorsement?

EQUIPMENT OPERATED BY DRIVER:
___ TRACTOR TRAILER ___ DRY VAN ___ FLAT BED ___ CONTAINER

PREVIOUS WORK HISTORY

Do you give permission to check your employment under part 391 and your past history on substance testing
under 382.413 under FMC CFR Title 49: YES _____ NO _____

Signature: _____ Date: _____

(If answer is NO, driver may not be qualified)

The following sections MUST be completed for ALL POSITIONS held within the last 3 YEARS.
Use additional sheets if necessary
Any lapses in employment must be included (unemployment, disability, etc.) Begin with most current employer.

1. EMPLOYER _____ PHONE# (____) _____ - _____
From ____/____ to: ____/____ Contact: _____ City & State _____
MONTH YEAR MONTH YEAR

2. EMPLOYER _____ PHONE# (____) _____ - _____
From ____/____ to: ____/____ Contact: _____ City & State _____
MONTH YEAR MONTH YEAR

3. EMPLOYER _____ PHONE# (____) _____ - _____
From ____/____ to: ____/____ Contact: _____ City & State _____
MONTH YEAR MONTH YEAR

4. EMPLOYER _____ PHONE# (____) _____ - _____
From ____/____ to: ____/____ Contact: _____ City & State _____
MONTH YEAR MONTH YEAR

US 1 LOGISTICS, LLC

SUMMARY OF MINIMUM DRIVER REQUIREMENTS

1. Minimum of 25 years of age
2. Minimum of two (2) years verifiable long haul over-the-road experience in the past 10 years. 1 year must be within the last three years.*Local drivers can substitute local experience for over-the-road experience
3. Valid CDL
4. No falsifications or incorrect information on application. Application must accurately reflect all periods of employment, self-employment, training military and unemployment for the past ten years
5. Good references from past employers: 3 years verifiable and 10 years work history
6. No conviction of reckless driving within 36 months
7. No DUI or DWI convictions within the past five years
8. Not more than three (3) citations for moving violation in the past three (3) years
9. No major preventable accident within the past twelve months
10. No convictions for possession, sale or use of any illegal drug
11. Must successfully pass DOT physical and drug alcohol screen
12. Must have TWIC (Applies only to port or container operations)
13. Must supply a valid 2nd form of ID i.e. social security card or a copy of birth certificate

PRE-QUALIFICATION FORM

Revised 1/2011

This form is only good for generating the MVR, DAC employment history, and Criminal background check. All other forms must still be completed and submitted to the safety department before approval is granted.

Company _____ Terminal _____

Applicant Name _____ Phone # _____

Date of Birth _____ Social Security #: _____

Address _____

City _____ State _____ Zip Code _____

CDL # _____ State _____ Expiration Date _____

of Tickets last 12 months _____ Last 36 Months _____

of Chargeable Accidents last 3 years _____ Major _____ Minor _____

DWI/DUI/Reckless Driving: No _____ Yes _____ Date _____

Ever failed drug screen: No _____ Yes _____ Date _____

License ever suspended: No _____ Yes _____ Date _____

Ever terminated from job: No _____ Yes _____ Date _____

Ever been convicted of a felony: No _____ Yes _____ Date _____

Do you give permission to check your employment under part 391 and your past history on substance testing under 382.413

Yes _____ NO _____

(If answer is NO, contractor may not be signed on)

List all employment for the past 3 years: (DO NOT LEAVE ANY GAPS)

Company Name _____ Dates _____ Phone # _____

**TO BE READ AND SIGNED BY DRIVER/OWNER OPERATOR APPLICANTEQUIPMENT OWNER /
CONTRACT DRIVER RELEASE**

I hereby agree that the information I have provided in this application will be used to determine my eligibility, and that prior employers will be contacted for purposes of investigation as required by CFR 391.23 (a) through (c).

I agree and understand that any misrepresentation or omission on my part insofar as the information I have provided in this application shall be regarded as an act of dishonesty.

It is agreed and understood that the Contractor or his agent may investigate the applicants' background, criminal record, driving record, and personal conduct as related to the position applied for AND THAT APPLICANT RELEASES CONTRACTOR AND HIS AGENTS FROM ALL LIABILITY FOR ANY DAMAGES RESULTING FROM SUCH INVESTIGATION.

The applicant agrees to furnish such additional information and complete such examinations as may be required in order to complete the contractor's file. It is mutually understood and agreed upon that no contract or lease shall create an employer employee relationship.

A. Officer to release the following information concerning any of my past controlled substance results:

1. The type of controlled substance testing for which I submitted a urine sample,
2. The date of such collection,
3. I hereby give my express consent for DAC (USIS) Services, this agency, any previous employer, their agent, or Medical Review, to release the identity of the person or entity performing the collection, analyzing the specimens, and serving as the Medical Review Officer,

whenever the test results for the substance identified are positive. I understand and voluntarily consent to submit to urine/breath testing if requested in conformance with 49CFR part 40.1. I understand that such testing will be conducted under the direction of the Medical facility chosen by the contractor. I further understand that samples submitted will be used to determine if I engage in the use of controlled substances as defined in 49 CFR part 40. I give permission for you, your Medical Review Officer or your designated agent to release the above information from time to time to DAC Services 4110 S 100th Ave. Tulsa, Ok. I hereby authorize you your agent, Medical Review Officer, or DAC Services to release this information to any future employer, company or agent thereof providing I have given my express written consent to do so. I hereby release any person or entity from any and all claims arising from the release of the information described above.

B. I agree that if my equipment and services are leased by you that you in turn are hereby released from all liability resulting from providing information as described above to DAC Services, subsequent employers, or others who have my express written consent to request such information. It is understood that no information developed by this investigation including drug or alcohol testing and results thereof will be shared with any insurance carrier, agent, or underwriter.

C. I authorize the Carrier 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 consenting to 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 in making a determination regarding my suitability as a contract driver. I understand and agree that a report regarding my past employment and or drug and alcohol testing and the results thereof is being requested from DAC Services Tulsa OK.

I understand and agree that such reports will include driving record, criminal record, work habits, accidents, claims etc. I have been informed by Contractor that I have the right to submit in writing a rebuttal to any and all such reports with which I do not agree. I have been further informed that I may by submitting a written request obtain a copy of all reports generated by the investigations referred to herein. I have been informed by Carrier I have the right to have my rebuttal statement attached to the alleged erroneous information, the right to have errors corrected by previous employers and the right to request a copy of any information gathered pursuant to the investigation as described herein.

D. I agree that if my equipment and services are leased by you that you in turn are hereby released from all liability resulting from providing information as described above to DAC services, subsequent employers, or others who have my express written consent to request such information. It is understood that no information developed by this investigation including drug or alcohol testing and results thereof will be shared with any insurance carrier, agent, or underwriter.

E. I further understand that neither the carrier 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://dataq.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, DMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

Signature _____	Date _____
Agency Rep. _____	Date _____

Please fill out information below if you would like to request any of documents listed to be sent via registered mail (Applicant only)

Printed Name _____
Address _____

Previous Employers _____ **DAC (USIS) Reports** _____ **Law enforcement agency reports** _____ **MVR** _____