

Please Read before Completing the Application

TO COMPLETE FILE YOU MUST HAVE THE FOLLOWING:

Stay in Contact with your Qualifier at all times this will speed up the process

Documents needed:

Clear copy of Drivers License with H-Mat endorsement

Current copy of long form physical with at least 1 full year left on it, with copy of Medical Card

Clear copy of Title: if title not in contractors name will need a release of revenue

Copy of 2290

If using own tag will need Current copy of Cab Card

If putting on a trailer on need a copy of Title and Registration

Operators Application:

Must go back a **complete 10 years**-We must be able to verify the last 3 years

Must answer **all** question on the appication-make sure to answer those

on the bottom of page 4 of the application

If have unemployment periods with the last 3 years you are required to:

Complete Work Declaration Form: will need one for each time period

Completing Work History must have address and phone numbers-if not call qualifications

Sign Consent & Disclosure Form

Sign Prequalification and Consent Form

Sign Authorization to Obtain Past Drug & Alcohol Form

Sign Notice of Consent Form

Complete the Gallagher Transportation Form: (Accident Insurance in lue of Workers Comp.)

Note: Make sure you fill in all spaces on first page of Work History-answer all questions

Truck Portion:

Complete W-9 form-choosing a EIN# or SSN# (this is the # you will be paid on)

Complete as much as possible of the Statement of Lease as you can

Sign Signature Page of Contract where marked by an X (5 separate sections)

Sign Plate request Form if getting a Landstar Plate

If any questions contact Pat, Melinda, Amber or Matt at 888-875-7890

Gallagher Transportation

Risk Management Services

Contractor Protection Plan (CPP) Enrollment Card



Insured Person Information

Owner Information

Last Name	First Name	Middle Initial	Last Name	First Name	Middle Initial		
Street	City	State	Zip Code	Street	City	State	Zip Code
Telephone Number	Social Security Number		Contract Effective Date	Insurance Effective Date	Landstar Unit No. - Tractor		
Date of Birth	Sex	Marital Status	Leased to				

Pay Benefits To: Beneficiary

Beneficiary Last Name	First Name	Middle Initial
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Relationship to Insured

or pay to my estate

Benefit Options: (Please Check One)

- \$500,000 Maximum Occupational Accidents (Fifth wheel vehicles) \$26.00/week
- \$1,000,000 Maximum Occupational Accidents (Fifth wheel vehicles \$400 Max weekly disability) \$30.00/week
- \$2,000,000 Maximum Occupational Accidents (Fifth wheel vehicles \$500 Max weekly disability) \$34.00/week
- \$500,000 (Straight Trucks) \$20.00/week
- \$500,000 (Panel Vans, Pickups and Automobiles) \$15.00/week

Co-drivers may be eligible for reduced rates. Please contact your Arthur J. Gallagher Insurance Coordinator for more information.

ACCEPTANCE

I hereby request coverage under the CPP Program. I certify that I am the owner and operator named on this enrollment card who is under contract to Landstar on the date of this application. I certify that I am also an approved owner/operator directly or indirectly under contract to Landstar. I understand and acknowledge that if a Workers' Compensation claim is filed by me or on my behalf, the benefits payable under the CPP program may be subject to immediate suspension or termination. I have read and understand the terms and conditions on the reverse side, and have designated the noted beneficiary, in the event of my death.

I certify that I am over age 23 and under age 75 as of the date set forth below.

I understand and acknowledge that Arthur J. Gallagher & Co. - Kansas City is the insurance agent authorized to carry out the reasonable and customary duties of an insurance agent with respect to the insurance coverage hereby offered. I also understand and acknowledge CMC Claims Management Corporation, a division of Gallagher Bassett Services, Inc. is the claims administrator authorized to carry out the reasonable and customary duties of a claims administrator for the insurance coverage hereby offered. I further understand and acknowledge that compensation for services rendered for the above are part of the cost of the insurance coverage and not separately charged to me.

In accordance with my haulage contract, and as an addendum thereto, I, the Independent Contractor, authorize Landstar to periodically deduct my insurance cost. If such settlements (or other monies due you) are not sufficient to allow deduction of the cost, I will remit by certified check or money order the outstanding insurance cost to Gallagher Transportation, 2345 Grand Boulevard, Suite 800, Kansas City, Missouri 64108-2671 within a ten (10) day period. I understand the insurance underwriters may cancel this insurance coverage within policy terms and conditions. I also understand coverage will not automatically be reinstated if cancellation is processed.

By applying for coverage, I hereby agree to be a participant in the Direct Consumer's Group Trust.

Signed: X

Date: _____

LANDSTAR

13410 Sutton Park Drive S.
Jacksonville, FL 32224

- LANDSTAR GEMINI, INC. LANDSTAR INWAY, INC LANDSTAR LIGON, INC
 LANDSTAR RANGER, INC. LANDSTAR EXPRESS AMERICA, INC.

- BCO
 OPERATOR

OPERATOR INFORMATION

DOMICILE RANGER THH

PLEASE TYPE OR PRINT CLEARLY EXCEPT WHERE SIGNATURE IS REQUIRED.
 COMPLETE ALL ITEMS. USE ADDITIONAL PAPER IF NEEDED. WRITE 'NONE' AS APPROPRIATE.

GENERAL

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE & ZIP CODE)						TELEPHONE NUMBER
CELL PHONE #		EMAIL ADDRESS			PAGER #	
PREVIOUS ADDRESSES (LAST 3 YEARS)					FROM (DATE)	TO (DATE)
NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY:					TELEPHONE NUMBER	
ADDRESS (NUMBER, STREET, CITY, STATE & ZIP CODE)						
WHO REFERRED YOU TO THIS COMPANY?				DO YOU HAVE RELATIVES EMPLOYED OR CONTRACTED WITH THIS COMPANY?		
				<input type="checkbox"/> YES <input type="checkbox"/> NO NAMES		
HAVE YOU EVER BEEN QUALIFIED OR APPLIED WITH A LANDSTAR COMPANY?		WHERE	WHEN	IN WHAT WAY?		

DRIVING HISTORY AND BACKGROUND

COMMERCIAL DRIVERS LICENSE (CDL) NO.		STATE
ISSUE DATE	EXPIRATION DATE	CLASS
ENDORSEMENTS FOR <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> TANKS <input type="checkbox"/> DOUBLES/TRIPLES		
LIST BELOW ALL MOTOR VEHICLE OPERATOR LICENSES AND PERMITS (EXCLUDING THE CDL SHOWN ABOVE) THAT HAVE BEEN ISSUED TO YOU		
STATE _____	NUMBER _____	EXP. DATE _____
STATE _____	NUMBER _____	EXP. DATE _____
FOR REASON OF TENDER OF LOADS BEYOND U.S. BORDERS, ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, CANCELED OR WITHDRAWN, OR HAVE YOU BEEN DENIED AN OPERATOR'S LICENSE, PERMIT OR PRIVILEGE FOR ANY REASON INCLUDING FAILURE TO PAY TICKET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE _____	REASON _____	
DATE _____	REASON _____	
HAVE YOU EVER BEEN CONVICTED, OR FORFEITED BOND OR COLLATERAL UPON A CHARGE, OF ANY OF THE FOLLOWING:		
1. DRIVING UNDER THE INFLUENCE OF ALCOHOL OR ANY DRUG OR CONTROLLED SUBSTANCE UNDER EITHER FEDERAL OR STATE LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE(S) _____	COURT _____	
2. TRANSPORTATION, POSSESSION OR UNLAWFUL USE OF ANY DRUG OR CONTROLLED SUBSTANCE WHILE ON DUTY AS A DRIVER OF A COMMERCIAL MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE(S) _____	COURT _____	
3. LEAVING THE SCENE OF AN ACCIDENT WHILE OPERATING A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO COMMERCIAL VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE(S) _____	COURT _____	
4. A FELONY INVOLVING THE USE OF A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO COMMERCIAL VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE(S) _____	COURT _____	

5. CAUSING A FATALITY THROUGH THE NEGLIGENT OPERATION OF A COMMERCIAL MOTOR VEHICLE? YES NO
 DATE(S) _____ COURT _____

6. DRIVING A COMMERCIAL MOTOR VEHICLE WITHOUT OBTAINING A CDL, WITHOUT A CDL IN YOUR POSSESSION OR WITHOUT THE PROPER CLASS OF CDL AND/OR WITHOUT THE NECESSARY ENDORSEMENTS? YES NO
 DATE(S) _____ COURT _____

7. VIOLATING ANY FEDERAL, STATE OR LOCAL LAW GOVERNING RAILROAD-HIGHWAY GRADE CROSSINGS WHILE OPERATING A COMMERCIAL MOTOR VEHICLE? YES NO
 DATE(S) _____ COURT _____

8. VIOLATING A DRIVER OR VEHICLE OUT-OF-SERVICE ORDER? YES NO HAZARDOUS MATERIALS INVOLVED? YES NO
 MORE THAN 15 PASSENGER TRANSPORT VEHICLE INVOLVED? YES NO
 DATE(S) _____ COURT _____

HAVE YOU EVER TESTED POSITIVE OR REFUSED TO TEST ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST DURING THE PAST 3 YEARS? YES NO
 DATE (S) _____ COMPANY _____

HAVE YOU EVER TESTED POSITIVE OR REFUSED A TEST REQUIRED BY ANY STATE OR JURISDICTION UNDER ITS IMPLIED CONSENT LAW? YES NO
 DATE(S) _____ JURISDICTION _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON IN THE PAST? YES NO
 IF YES, EXPLAIN FULLY _____

HAVE YOU EVER PLEAD 'NO CONTEST', *NOLLO*, OR GUILTY TO A CRIME (I.E., MISDEMEANOR OR FELONY), OR BEEN CONVICTED OF A CRIME? YES NO
 DATE(S) _____ COURT _____
 CRIME _____ MISDEMEANOR _____ FELONY _____

ARE ANY CHARGES CURRENTLY PENDING AGAINST YOU? YES NO COURT _____
 CHARGE _____ MISDEMEANOR _____ FELONY _____

HAS ANY ADJUDICATION OF ANY OF THE ABOVE-LISTED CHARGES OR VIOLATIONS EVER BEEN POSTPONED, DEFERRED OR WITHHELD ON GOOD BEHAVIOR, OR FOR ANY OTHER REASON? YES NO
 DATE(S) _____ COURT _____ CHARGE _____

(NOTE: ANSWERING "YES" TO THESE QUESTIONS MAY NOT CONSTITUTE AN AUTOMATIC BAR TO QUALIFICATION.) IF YOU ANSWERED "YES" TO ANY OF THE PRECEDING QUESTIONS, PLEASE GIVE DATES, DETAILS AS TO TYPE OF CRIME, STATE AND COUNTY WHERE CHARGES WERE FILED, AND THE PENALTY IMPOSED (IF APPLICABLE).

LIST ALL ACCIDENTS IN THE LAST 5 YEARS. IF NONE, PUT 'NONE'.			FATALITIES OR INJURIES CAUSED?	WERE YOU CITED?
DATE	CITY & STATE OF ACCIDENT	DESCRIPTION OF ACCIDENT		
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ALL TRAFFIC CONVICTIONS AND BOND OR COLLATERAL FORFEITURES FOR TRAFFIC VIOLATIONS IN THE LAST 5 YEARS (OTHER THAN PARKING). IF NONE, PUT 'NONE'.			
DATE	CITY & STATE OF CITATION	CHARGE	OUTCOME

OCCUPATIONAL HISTORY

START WITH PRESENT OR MOST RECENT OCCUPATION. LIST ALL JOBS (INCLUDING CONTRACT WORK) HELD IN THE PAST 10 YEARS. USE ADDITIONAL SHEETS IF NECESSARY.

IF U.S. MILITARY SERVICE IS REQUIRED TO VERIFY DRIVING EXPERIENCE, ATTACH DD214 AND/OR DD348 FORMS WITH DRIVING DOCUMENTATION.

DATES EMPLOYED (OR CONTRACTED) FROM _____ TO _____

COMPANY NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ POSITION HELD _____

WERE YOU DISCHARGED? YES NO IF YES, GIVE THE REASON _____

IF NO, WHY DID YOU LEAVE? _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY? YES NO

WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION? YES NO

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ANY LENGTH OF TIME BETWEEN JOBS OR OCCUPATIONS, EXPLAIN: _____

HAVE YOU EVER BEEN DISCHARGED/DISQUALIFIED FROM ANY POSITION? YES NO IF YES, STATE PARTICULARS FOR EACH OCCURRENCE. _____

HAVE YOU EVER WORKED UNDER ANY OTHER NAME FOR ANY OF THE ABOVE COMPANIES? YES NO

NAME _____ COMPANIES WORKED FOR UNDER THAT NAME: _____

HAZARDOUS MATERIALS EXPERIENCE

ALL OPERATORS ARE REQUIRED TO HAVE HAZARDOUS MATERIALS ENDORSEMENT BEFORE QUALIFICATION

CDL - HAZARDOUS MATERIALS ENDORSEMENT YES NO

HAVE YOU EVER HAULED HAZARDOUS MATERIALS? YES NO

IF SO, WHAT KIND AND HOW MANY YEARS OF EXPERIENCE? _____

VAN EXPERIENCE

YEARS OF EXPERIENCE _____

MILES _____

HAVE YOU EVER HAULED:	YES	NO
HI-VALUE PRODUCTS		
AMMUNITION / EXPLOSIVES		
BEER		
STEEL COILS IN VANS		

DO YOU HAVE EXPERIENCE WITH:	YES	NO
BLANKET WRAP / DECKING		
BLOCKING AND BRACING		
J.I.T. / AUTOMOTIVE SHIPMENTS		
OTHER (LIST)		

FLATBED EXPERIENCE

YEARS OF EXPERIENCE _____

MILES _____

HAVE YOU EVER HAULED:	YES	NO
COILED STEEL		
SHEET STEEL		
BARS / RODS		
REELS OF CABLE		
WALLBOARD		
LUMBER		
STEEL PIPE		
PLASTIC PIPE		
VEHICLES		
MACHINERY		

DO YOU HAVE EXPERIENCE WITH:	YES	NO
CHAINS, BINDERS & EDGE PROTECTORS		
STRAPS		
FULL TARPS		
TOP TARPS W/SIDE KITS		
MULTIPLE TARPS		
USE OF COIL RACKS		
OVER DIMENSIONAL CARGO		
DOUBLE DROP OR STEP DECK TRAILERS		
HEAVY HAUL LOADS W/SPECIALIZED EQUIP.		
VEHICLE RAMPS		

SPECIALIZED EQUIPMENT EXPERIENCE

YEARS OF EXPERIENCE _____

MILES _____

HAVE YOU EVER HAULED:	YES	NO
AUTOMOBILES		
EARTH MOVING EQUIPMENT		
CRANES		
HEAVY MACHINERY		
FARM IMPLEMENTS		
JET ENGINES		
STEEL OR CONCRETE BEAMS		
FIBERGLASS TANKS		
CONTAINERS/CHASIS		
OTHER (DESCRIBE):		

DO YOU HAVE EXPERIENCE WITH:	YES	NO
AUTO HAULING TRAILERS		
STEP DECK TRAILERS		
DOUBLE DROP TRAILERS		
REMOVABLE GOOSENECK (RGN)		
MULTI-AXLE HOW MANY? _____		
STRETCH TRAILERS HOW MANY _____ HOW LONG _____		
O.D. LOADS HOW HIGH _____ HOW WIDE _____		
ROUTE PLANNING/PERMIT ODERING HOW HEAVY _____		
LCV (LONG COMBINATION VEHICLE) DOUBLES		
LCV (LONG COMBINATION VEHICLE) TRIPLES		

CERTIFICATION (READ CAREFULLY)

THIS CERTIFIES THAT I PERSONALLY COMPLETED THIS OPERATOR INFORMATION, AM PERSONALLY SIGNING IT AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE AND REQUEST ANY FORMER EMPLOYER, LESSEE, TREATING PHYSICIAN OR HOSPITAL OR ANY OTHER PERSONS OR COMPANIES, INCLUDING ANY CITY, COUNTY, STATE OR FEDERAL AGENCY, DEPARTMENT OR BUREAU, TO FURNISH ANY INFORMATION IN THEIR FILES UNDER MY NAME., INCLUDING BUT NOT LIMITED TO, INFORMATION ABOUT ANY ACCIDENTS IN WHICH I MAY HAVE BEEN INVOLVED; INFORMATION REGARDING COMPLIANCE WITH U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL AND DRUG REQUIREMENTS; AND, INFORMATION REGARDING ANY PARTICIPATION IN SUBSTANCE ABUSE REHABILITATION PROGRAMS. A PHOTOCOPY OF THIS AUTHORIZATION MAY BE ACCEPTED BY ANYONE AS THOUGH IT WERE THE ORIGINAL. I UNDERSTAND THAT I HAVE THE RIGHT TO: (1) REVIEW ANY OF THIS INFORMATION OBTAINED BY LANDSTAR; (2) HAVE ERRORS IN THE INFORMATION CORRECTED BY FORMER EMPLOYERS, LESSEES OR ANY OTHER PERSONS OR COMPANIES AND HAVE THE INFORMATION RE-SENT; AND (3) ATTACH A WRITTEN REBUTTAL STATEMENT TO ANY INFORMATION WHICH I PERCEIVE TO BE INACCURATE AND WHICH IS THE SUBJECT OF A DISAGREEMENT BETWEEN ME AND SUCH PERSON OR COMPANY. I UNDERSTAND THAT IF I DESIRE TO REVIEW INFORMATION PROVIDED BY SUCH PERSON OR COMPANY, I MUST SUBMIT A WRITTEN REQUEST TO LANDSTAR AT ANY TIME UP TO 30 DAYS AFTER BEING QUALIFIED OR BEING NOTIFIED OF A DENIAL OF QUALIFICATION. I UNDERSTAND THAT IF I HAVE NOT ARRANGED TO PICK UP THE REQUESTED RECORDS WITHIN 30 DAYS OF THE RECORDS BEING MADE AVAILABLE, I WILL HAVE WAIVED MY RIGHT TO REVIEW THE RECORDS.

I UNDERSTAND THAT SUBMISSION OF THIS INFORMATION DOES NOT GUARANTEE ME A POSITION IN EITHER AN EMPLOYMENT OR CONTRACT BASIS. I AUTHORIZE INQUIRY INTO MY MEDICAL BACKGROUND AND PROTECTED HEALTH INFORMATION AS PURSUANT TO HIPPA AS IT AFFECTS MY QUALIFICATIONS UNDER U.S. DEPARTMENT OF TRANSPORTATION REGULATIONS FOR ANY DUTIES OR RESPONSIBILITIES FOR WHICH WE MAY BE CONSIDERING ENTERING INTO AN AGREEMENT. I AGREE THAT ANY OMISSION OR ANY MISLEADING OR UNTRUE STATEMENT OR ANSWER MADE HEREIN SHALL CONSTITUTE GOOD AND SUFFICIENT CAUSE TO TERMINATE SUCH AGREEMENT WITHOUT NOTICE AND SHALL BE A VALID REASON FOR REJECTION OF SAFETY CLEARANCE AND DISQUALIFICATION BY LANDSTAR.

DATE: _____ SIGNATURE: _____



DISCLOSURE AND CONSENT

Please read carefully and completely before signing

DISCLOSURE

Purpose of Disclosure:

To disclose to the contractor/driver that a consumer report is being ordered. The report is used to qualify a potential applicant/contractor and to periodically review a contractor/driver's driving record to comply with Federal Motor Carrier Safety Regulations and/or accident liability investigation.

I have been provided with the required disclosure that a consumer report including information as to character, general reputation, personal characteristics, and a mode of living, whichever are applicable, may be made, from time to time, and further, such disclosure information as required by the Fair Credit Reporting Act (FCRA) that such a consumer investigation will be performed has been made to me. Such reports may contain public information concerning my driving record, workers' compensation claims, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information concerning previous driving record requests made by others from such state agencies, and state provided driving records.

CONSENT

This signed Consent is my authorization and consent to a consumer investigation report as required by the company. I understand and agree that I am subject to a consumer investigation report to determine my eligibility, and I specifically authorize the release, without any liability to the undersigned whatsoever, of any findings.

I further understand and agree that a consumer investigation report is an absolute and unconditional condition precedent to acceptance or approval by the company of my application for qualification and continued qualification, and the results of said report may also, in the sole and absolute discretion of the company, constitute grounds for rejection or termination. However, should the information received be adverse and reason for denial, a copy of the adverse report will be provided to me. Should I dispute the information obtained from the Consumer Reporting Agency (CRA), I have the right to obtain a free disclosure of my file if the report is requested within 60 days. Should I dispute the accuracy or completeness of any information provided by the CRA, I can dispute the inaccurate items with the source of information.

I hereby certify that I have read the foregoing and understand the contents of the Disclosure and Consent herein. I also understand the remedies available to me should I disagree with the CRA.

I certify by my signature below that my CDL is not currently revoked or suspended. I further certify by my signature below that I am not presently disqualified under the Federal Motor Carrier Regulations.

Print Name

Social Security Number

Signature

Date

ISO Document #: OI
FINAL: October 28, 2004
FD 00386



PRE-QUALIFICATION URINALYSIS CONSENT AND
ACKNOWLEDGEMENT OF RECEIPT OF
DRUG AWARENESS PROGRAM

I understand that as required by the Federal Motor Carrier Safety Regulations, and Landstar policy, all prospective drivers must submit to a controlled substances test.

I also understand that a urine sample will be collected at a collection site selected by Landstar, and that the sample will be tested for controlled substances by a drug testing laboratory certified by the National Institute of Drug Abuse, United States Department of Health and Human Services.

I also understand that the controlled substances test includes a strict chain-of-custody procedure that requires proof of identity at the collection site and requires that I initial the tape sealing the sample and the chain-of-custody form that accompanies the sample.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by an impartial Medical Review Officer for Landstar who will report whether the results were negative or positive to Landstar. The results will not be released to any additional parties without my written consent.

I understand that I will be receiving a driver Drug & Alcohol information packet, I agree to sign, date and return the front page to the Safety Department. This requirement fulfills the Federal Motor Carrier Safety requirements.

I agree to comply with all Landstar policies and Federal Regulations dealing with use and possession of alcohol and restricted drugs.

THE FOLLOWING PARAGRAPH APPLIES TO OWNER OPERATORS:

I understand that, should my contract be terminated for any reason within the first 6 months of its effective date, all costs of this controlled substances test, including the services of the Medical Review Officer, are my responsibility, and I authorize Landstar the right to deduct these costs from my final settlement.

_____	_____
Print Name	Social Security Number
_____	_____
Signature	Date



AUTHORIZATION TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS

I, _____ understand that as a condition of qualification with LANDSTAR, I must give the Company written authorization to obtain the results of all DOT required drug and/or alcohol tests including any refusals to be tested and other violations of DOT agency drug and alcohol testing regulations from all of the companies for which I worked as an operator or for which I took a pre-employment drug and/or alcohol test, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee that I will be qualified with the Company.

I have listed below all of the companies for which I worked as an operator or to which I applied as an operator during the past three (3) years. I hereby authorize the Company to obtain from those companies, and I hereby authorize those companies to furnish to Company, the following information concerning my drug and alcohol tests: (i) all positive drug test results during the past three (3) years; (ii) all alcohol test results of 0.04 or greater during the past three (3) years; (iii) all alcohol test results of 0.02 or greater but less than 0.04 during the past three (3) years; (iv) all instances in which I refused to submit to a DOT required drug and/or alcohol test during the past three (3) years.

The following is a list of all of the companies for which I worked as an operator or to which I applied for work as a driver, during the past three (3) years:

COMPANY NAME & FULL ADDRESS	DATES WORKED FOR OR APPLIED TO
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use additional sheets if necessary. Sign all additional sheets.)

I certify all statements on this form are complete and correct to the best of my knowledge. I hereby authorize and request any former employer, lessee, treating physician or hospital or any other persons or companies, including any city, county, state or federal agency, department or bureau, to furnish any information in their files under my name. I agree to hold any source of information harmless for any error in reporting this information and release all persons whomsoever from any damages on account of furnishing said information. A photocopy of this authorization may be accepted by anyone as though it were the original. I agree to be fingerprinted or submit to a physical examination by a company appointed physician if either or both are required. In submitting this work history, I understand that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as past employers, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living, whichever may be acceptable. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature of the investigation. I understand that submission of this information does not guarantee me a position in either an employment or contract basis.

OPERATOR CERTIFICATION:

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as an operator during the past three (3) years.

_____	_____
Print Name	Social Security Number
_____	_____
Signature	Date

NOTICE AND CONSENT REGARDING PREVIOUS WORK HISTORY

You have come to us as a potential commercial motor vehicle operator for this Company, an activity which is highly regulated for safety by the many rules of the U.S. Department of Transportation ("USDOT"). **PLEASE BE AWARE AND TAKE NOTICE** of what the Company will do to comply with USDOT rules for potential operators and of what we will ask of you.

First, as USDOT requires in 49 CFR §391.23(f), the Company will ask you to sign at the bottom of this form to give your written **CONSENT** for the release of the information listed below from all the USDOT regulated motor carriers by which you have been employed or contracted in any safety-sensitive function requiring alcohol and controlled substance testing specified by USDOT rules, during at least the three years prior to you signing this **NOTICE** and **CONSENT**. Under USDOT rules, you must **CONSENT** in writing to be considered as an operator for the Company. By signing below, you **CONSENT** to the release and our use under USDOT rules of the following information:

1. Whether you violated the alcohol and controlled substances prohibitions of any applicable federal regulations;
2. Whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional pursuant to applicable federal regulations (if a previous motor carrier does not know this information, you must directly provide to this Company documentation of your successful completion of the rehabilitation program prescribed by a substance abuse professional);
3. Whether you had any of the following testing violations subsequent to completion of a rehabilitation program referral by a substance abuse professional under any applicable federal regulations:
 - (a) An alcohol test with a result of 0.04 or higher alcohol concentration;
 - (b) A verified positive drug test;
 - (c) A refusal to be tested (including verified adulterated or substituted drug test results).

PLEASE BE AWARE AND TAKE NOTICE that under USDOT rules in 49 CFR §391.23(i), you have certain due process rights regarding the information we receive as a part of our USDOT required investigation of your driving history. These are: (i) the right to review information provided by previous motor carriers involving USDOT regulated employment during the preceding three years; (ii) the right to have the previous motor carrier correct errors in the information it sent us, and for that previous motor carrier to re-send the corrected information to us; and (iii) the right to have us attach a rebuttal statement to the alleged erroneous information, if you and the previous motor carrier cannot agree on the accuracy of the information it sent us.

If you want to review investigative information we received from a previous motor carrier about your USDOT regulated employment during the preceding three years, you must follow the USDOT rules for such review in 49 CFR §391.23(i). These rules require you to submit a written request to us along with this Notice and your request for a leasing agreement, or within 30 days of acceptance or denial of a leasing agreement. If you submit a timely written request, we will provide you the information within 5 business days of receiving your written request, or if we have not yet received the requested information from a previous motor carrier, then we will provide you the information within 5 business days from the date we do receive it. If you make a request, but then you fail to make arrangements to pick up or receive the requested records within 30 days of the date we make the records available to you, under USDOT rules we may consider you to have waived your request to review the records.

ACKNOWLEDGMENT AND SPECIFIC WRITTEN CONSENT

By my signature below, I acknowledge I have read this **NOTICE** and **CONSENT**, and that I understand it fully. I consent to the release to the Company of the described information from all my previous motor carriers at any time during the Company's investigation of my employment history. I acknowledge disclosure of my due process rights regarding this information.

_____ Social Security Number: _____
 Print Name

_____ Date: _____
 Signature

CERTIFICATION (READ CAREFULLY)

THIS CERTIFIES THAT I PERSONALLY COMPLETED THIS OPERATOR INFORMATION, AM PERSONALLY SIGNING IT AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE AND REQUEST ANY FORMER EMPLOYER, LESSEE, TREATING PHYSICIAN OR HOSPITAL OR ANY OTHER PERSONS OR COMPANIES, INCLUDING ANY CITY, COUNTY, STATE OR FEDERAL AGENCY, DEPARTMENT OR BUREAU, TO FURNISH ANY INFORMATION IN THEIR FILES UNDER MY NAME., INCLUDING BUT NOT LIMITED TO, INFORMATION ABOUT ANY ACCIDENTS IN WHICH I MAY HAVE BEEN INVOLVED; INFORMATION REGARDING COMPLIANCE WITH U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL AND DRUG REQUIREMENTS; AND, INFORMATION REGARDING ANY PARTICIPATION IN SUBSTANCE ABUSE REHABILITATION PROGRAMS. A PHOTOCOPY OF THIS AUTHORIZATION MAY BE ACCEPTED BY ANYONE AS THOUGH IT WERE THE ORIGINAL. I UNDERSTAND THAT I HAVE THE RIGHT TO: (1) REVIEW ANY OF THIS INFORMATION OBTAINED BY LANDSTAR; (2) HAVE ERRORS IN THE INFORMATION CORRECTED BY FORMER EMPLOYERS, LESSEES OR ANY OTHER PERSONS OR COMPANIES AND HAVE THE INFORMATION RE-SENT; AND (3) ATTACH A WRITTEN REBUTTAL STATEMENT TO ANY INFORMATION WHICH I PERCEIVE TO BE INACCURATE AND WHICH IS THE SUBJECT OF A DISAGREEMENT BETWEEN ME AND SUCH PERSON OR COMPANY. I UNDERSTAND THAT IF I DESIRE TO REVIEW INFORMATION PROVIDED BY SUCH PERSON OR COMPANY, I MUST SUBMIT A WRITTEN REQUEST TO LANDSTAR AT ANY TIME UP TO 30 DAYS AFTER BEING QUALIFIED OR BEING NOTIFIED OF A DENIAL OF QUALIFICATION. I UNDERSTAND THAT IF I HAVE NOT ARRANGED TO PICK UP THE REQUESTED RECORDS WITHIN 30 DAYS OF THE RECORDS BEING MADE AVAILABLE, I WILL HAVE WAIVED MY RIGHT TO REVIEW THE RECORDS.

I UNDERSTAND THAT SUBMISSION OF THIS INFORMATION DOES NOT GUARANTEE ME A POSITION IN EITHER AN EMPLOYMENT OR CONTRACT BASIS. I AUTHORIZE INQUIRY INTO MY MEDICAL BACKGROUND AND PROTECTED HEALTH INFORMATION AS PURSUANT TO HIPPA AS IT AFFECTS MY QUALIFICATIONS UNDER U.S. DEPARTMENT OF TRANSPORTATION REGULATIONS FOR ANY DUTIES OR RESPONSIBILITIES FOR WHICH WE MAY BE CONSIDERING ENTERING INTO AN AGREEMENT. I AGREE THAT ANY OMISSION OR ANY MISLEADING OR UNTRUE STATEMENT OR ANSWER MADE HEREIN SHALL CONSTITUTE GOOD AND SUFFICIENT CAUSE TO TERMINATE SUCH AGREEMENT WITHOUT NOTICE AND SHALL BE A VALID REASON FOR REJECTION OF SAFETY CLEARANCE AND DISQUALIFICATION BY LANDSTAR.

DATE: _____ SIGNATURE: _____

Printed Name: _____

Social Security # _____

Operator Authoriztion: According to FMCSA rules 49 CFR Parts 40, 382 & 391

P.S.U.
Landstar Qualification CTR.
PAT & MELINDA MANLEY
PH: 888 / 875-7890 - Fax: 877 / 650-5440

ISO Document #: OI
 FINAL: October 28, 2004



- RANGER
- INWAY
- LIGON

- GEMINI
- EXPRESS AMERICA

PREVIOUS 7 DAYS HOURS-OF-SERVICE PRIOR TO YOUR DATE OF QUALIFICATION

NAME
(Print) _____

SOCIAL SECURITY NUMBER _____

DATE QUALIFIED _____

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 the time at which the driver was last relieved from duty prior to beginning work for the motor carrier. Rule 395.8 (iii)(2) Federal Motor Carrier Safety Regulations.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED (LINE 3 & 4)								

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

at _____ on _____
Time
Day
Month
Year

Date _____ Signature X _____
Operator

Revised 050302