

## **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  
Completeing 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***

LANDSTAR RANGER, INC.

13410 SUTTON PARK DRIVE SOUTH, JACKSONVILLE, FL 32224

STATEMENT OF LEASE & RECEIPT FOR EQUIPMENT

- I. LANDSTAR RANGER, INC. ("CARRIER") (MC-166960) and ... ("INDEPENDENT CONTRACTOR") are parties to a written INDEPENDENT CONTRACTOR OPERATING AGREEMENT ...
II. The original of the Agreement and of this document is on file at CARRIER'S General Office at: 13410 Sutton Park Drive South, Jacksonville, Florida 32224. A COPY OF THIS STATEMENT OF LEASE AND RECEIPT FOR EQUIPMENT IS THE STATEMENT OF LEASE TO BE CARRIED ON THE EQUIPMENT AS REQUIRED BY 49 CFR § 376. CARRIER verifies that the Equipment is being operated by CARRIER pursuant to the terms of the Agreement. There are no restrictions in the Agreement as to commodities that may be transported.

III. IDENTIFICATION OF INDEPENDENT CONTRACTOR: (SAME NAME AS SHOWN IN SECTION I.)

Contractor Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_
DBA \_\_\_\_\_ Contact Name \_\_\_\_\_
Contractor Address \_\_\_\_\_ Domicile Terminal RANGER THH
FID# \_\_\_\_\_ or SS# \_\_\_\_\_
Cell Phone# \_\_\_\_\_

IV. IDENTIFICATION OF EQUIPMENT:

TRACTOR \_\_\_ New Lease or \_\_\_ Trade of Equip.
Number \_\_\_\_\_ (Assigned by GO)
[ ] Black or [ ] White
Make \_\_\_\_\_ Main Body Color \_\_\_\_\_
Tractor Type: COE \_\_\_ or CONV \_\_\_
Model Year \_\_\_\_\_
Serial Number \_\_\_\_\_
Empty Weight \_\_\_\_\_ Gross Weight \_\_\_\_\_
Sleeper: Yes \_\_\_ or No \_\_\_
Fuel Type: Diesel \_\_\_ or Gasoline \_\_\_
License Plate State \_\_\_\_\_ Number \_\_\_\_\_
License Plate Expiration Date \_\_\_\_\_
Title State \_\_\_\_\_ Number \_\_\_\_\_
Titled Owner \_\_\_\_\_
Wheelbase Length: \_\_\_\_\_ Headache Rack \_\_\_\_\_
Number of Axles \_\_\_\_\_ 5th Wheel Height \_\_\_\_\_
Purchase Date \_\_\_\_\_ Price \_\_\_\_\_
(Do not include sales tax or finance charges)
Where Financed \_\_\_\_\_
Address \_\_\_\_\_
Phone # \_\_\_\_\_ Account # \_\_\_\_\_
Monthly Payment \_\_\_\_\_ Current Yes \_\_\_ No \_\_\_
Initial Inspection Date \_\_\_\_\_
Maintenance Due Date \_\_\_\_\_ (120 days from above)
Air Ride: Yes \_\_\_ or No \_\_\_

TRAILER \_\_\_ New Lease or \_\_\_ Trade of Equip.
Number \_\_\_\_\_ (Assigned by GO)
Make \_\_\_\_\_
Trailer Type \_\_\_\_\_ Model Year \_\_\_\_\_
Serial Number \_\_\_\_\_
Empty Weight \_\_\_\_\_ Length \_\_\_\_\_
Reflective Tape Yes \_\_\_ or No \_\_\_ Tire Size \_\_\_\_\_
Is Trailer: Tandem \_\_\_ or Spread Axle \_\_\_
License Plate State \_\_\_\_\_ Number \_\_\_\_\_
License Plate Expiration Date \_\_\_\_\_
Title State \_\_\_\_\_ Number \_\_\_\_\_
Titled Owner \_\_\_\_\_
Number of Axles \_\_\_\_\_ Height \_\_\_\_\_ Width \_\_\_\_\_
Door Opening: Height \_\_\_\_\_ Width \_\_\_\_\_
Purchase Date \_\_\_\_\_ Price \_\_\_\_\_
(Do not include sales tax or finance charges)
Where Financed \_\_\_\_\_
Address \_\_\_\_\_
Phone # \_\_\_\_\_ Account # \_\_\_\_\_
Monthly Payment \_\_\_\_\_ Current Yes \_\_\_ No \_\_\_
Initial Inspection Date \_\_\_\_\_
Maintenance Due Date \_\_\_\_\_ (120 days from above)
Bulk Head Yes \_\_\_ No \_\_\_ RGN Yes \_\_\_ No \_\_\_
Air Ride: Yes \_\_\_ No \_\_\_ Side Kit: Yes \_\_\_ No \_\_\_
Stretch: Yes \_\_\_ No \_\_\_ Chains, Binders: Yes \_\_\_ No \_\_\_
Floor Tie Downs: Yes \_\_\_ No \_\_\_ Tarps: Yes \_\_\_ No \_\_\_
Deck Height: \_\_\_\_\_ Inside Height: Front \_\_\_\_\_ Rear \_\_\_\_\_
LANDSTAR TRAILER RENTALS (Rental option not available at all carriers)
Van \_\_\_ Flat \_\_\_
Single Drop \_\_\_ Double Drop \_\_\_

V. RECEIPT OF EQUIPMENT:

CARRIER hereby acknowledges receipt of the Equipment described above, which is the Equipment described in the Agreement.
Hour \_\_\_\_\_ a.m. / p.m. Date \_\_\_\_\_ By \_\_\_\_\_
(TO BE ENTERED BY CARRIER'S AUTHORIZED AGENT OR EMPLOYEE UPON APPROVAL BY THE GENERAL OFFICE)

LRGR - BCO - SOL
Revised July 1, 2004

Form **W-9**  
(Rev. January 2003)  
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.

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

#### Part I Taxpayer Identification Number (TIN)

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

Social security number								

OR

Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

#### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

#### Purpose of Form

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

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

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

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

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

#### Nonresident alien who becomes a resident alien.

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

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

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

**2004 INDEPENDENT CONTRACTOR OPERATING AGREEMENT SIGNATURE PAGE**

IN WITNESS WHEREOF, INDEPENDENT CONTRACTOR hereby agrees to and executes the Independent Contractor Operating Agreement and each Appendix referenced below, comprised of a total of 16 pages, to be effective as of the date set forth on the Statement of Lease and Receipt for Equipment to be provided to INDEPENDENT CONTRACTOR by CARRIER. CARRIER's signature on the Statement of Lease and Receipt for Equipment shall constitute CARRIER's acceptance of the Independent Contractor Operating Agreement and all Appendices.

<input checked="" type="checkbox"/> _____ INDEPENDENT CONTRACTOR  <input checked="" type="checkbox"/> _____ INDEPENDENT CONTRACTOR (for Team Operators)  Printed Name (s): _____ FID No.: _____	<b>Independent Contractor Operating Agreement</b> (Version 10/04) Truck No. _____  Date: _____ Truck No. _____  _____ Corporate Name (If Applicable)
<input checked="" type="checkbox"/> _____ INDEPENDENT CONTRACTOR  <input checked="" type="checkbox"/> _____ INDEPENDENT CONTRACTOR (for Team Operators)  Printed Name (s): _____	<b>Appendix A (Version 10/04)</b> <b>Appendix A-1 (Version 10/04)</b>
<input checked="" type="checkbox"/> _____ INDEPENDENT CONTRACTOR  <input checked="" type="checkbox"/> _____ INDEPENDENT CONTRACTOR (for Team Operators)  Printed Name (s): _____	<b>Appendix B (Version 10/04)</b> <b>Appendix B-WC (Version 10/04)</b>
<input checked="" type="checkbox"/> _____ INDEPENDENT CONTRACTOR  <input checked="" type="checkbox"/> _____ INDEPENDENT CONTRACTOR (for Team Operators)  Printed Name (s): _____	<b>Appendix C (Version 10/04)</b>
<input checked="" type="checkbox"/> _____ INDEPENDENT CONTRACTOR  <input checked="" type="checkbox"/> _____ INDEPENDENT CONTRACTOR (for Team Operators)  Printed Name (s): _____	<b>Appendix D (Version 10/04)</b>

BCO - SP (LR6R) - US  
 FINAL: November 1, 2004

LANDSTAR PLATE REQUEST FORM

If you would like Landstar to obtain an Illinois plate for your tractor and/or trailer, please fill out the following form and fax it to Landstar License Dept.

**TRACTOR:** (Cost is prorated monthly-call License Dept for current cost. There is an additional \$3 charge for the IL 45-day temporary)

To plate a tractor **we need** a copy of **current title and current validated 2290** faxed with this form if not already on file with Landstar License Dept.

Carrier name: \_\_\_\_\_ Tractor # \_\_\_\_\_ Plate start date: \_\_\_\_\_

Registration weight group (circle one)    54,000    80,000    Max Weight

Total number of axles on Tractor and Trailer combined: \_\_\_\_\_

Signature: \_\_\_\_\_

**TRAILER:** (Cost is \$19-permanent plate. There is an additional \$3 charge for the IL 45-day temporary)

**To plate a trailer it must be titled in Illinois.** Please fax a copy of Illinois title with this form if not already on file with Landstar License Dept. If you are not titled in Illinois and you would like to change to an Illinois title you may use the following title company: Truck Permits and License Service 217-523-9441 ask for Carolyn Barbee.

Carrier name: \_\_\_\_\_ Trailer # \_\_\_\_\_ Plate start date: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax number for IL 45-day temporary : \_\_\_\_\_

For any further assistance contact Landstar License Dept. 800-872-9430.