



Andy & Christine Weets  
 1559 300th Street  
 New Liberty, IA 52765  
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 Email: acwtransportllc@gmail.com  
 Website: http://acwtransportllc.com

Application for Owner Operating Agreement (Lease on Agreement)

Qualified Owner Operators are considered for lease agreements without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability or other basis prohibited by law. ACW Transport LLC complies with applicable federal, state and local laws prohibiting discrimination.

**Check Applicable Box:**

Owner Operator	<b>owner's Name</b>		Owner Phone #	
Fleet Owner				
Owner Operator Fleet Driver				

**Tractor Info:** Make \_\_\_\_\_ Year: \_\_\_\_\_ Weight \_\_\_\_\_ Vin # \_\_\_\_\_

**Trailer Info:** Make \_\_\_\_\_ Year \_\_\_\_\_ Weight \_\_\_\_\_ Vin # \_\_\_\_\_ Length of Trailer \_\_\_\_\_

What type of Trailer do you have:

Hotshot	48' or 53' Flatbed	Step Deck	53' Van	RGN	Box Truck
Other					

What equipment do you have:

Tarp's	Straps	Ramps	Chains	Binders	Dunnage	Winch	Air Ride	Lift Gate
Blankets	Pallet Jack	Coil Racks	Stake Pipes	Other				

Please Print Legibly and Answer ALL Questions

**Driver's Name:**

First	Middle	Last	Social Security #	Date of Birth
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EIN # \_\_\_\_\_ CDL # \_\_\_\_\_ CDL State of Issuance \_\_\_\_\_ CDL Expiration Date \_\_\_\_\_

Address

Street	City	State	Zip	How long?
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(Dot requires 3 years of address history. If less than 3 years at above address, list additional address below)

Address

Street	City	State	Zip	How long?
--------	------	-------	-----	-----------

Address

Street	City	State	Zip	How long?
--------	------	-------	-----	-----------

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Have you ever provided service for this company before?

Yes	If yes, when: From / To	How did you hear about ACW Transport LLC?
NO		

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

Yes	Can you provide verification of your legal right to work in the United States?	Yes	Do you Have a:	Passport	TWIC
NO		No	Passport Card	Enhanced CDL	

Can you legally travel between the US and Canada?

Yes
NO

**(The conviction of a crime is not an automatic bar to lease with ACW Transport LLC. All circumstances will be considered including the nature of the offense and the relationship of the offense to ACW Transport LLC business. Failure to disclose all convictions will result in immediate disqualification.)**

Have you ever been convicted of a felony, or have any felony charges currently pending? Yes No

Have you ever been convicted of a felony, received a deferred prosecution or have any felony charges currently pending? Yes No

Have you ever been convicted of possession, sale, transfer or use of a narcotic drug, amphetamine, inhalant or derivative thereof, use of alcohol or have any current charges pending, including reduction to a lesser charge? Yes No

Have you ever been convicted of operating a motor vehicle while under the influence of alcohol or a controlled substance or are any charges pending, including reduction to a lesser charge? Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any driver's license, permit or privilege ever been suspended or revoked? Yes No

Have you ever had a citation for leaving the scene of an accident? Yes No

Have you ever tested positive for drugs or alcohol following a pre-employment, pre-lease, random or reasonable suspicion test? Yes No

Have you ever refused to take a pre-employment, pre-lease, random, or reasonable suspicion test? Yes No

Have you ever failed and/or refused a pre-employment or pre-lease drug test given by a company where you applied for, but did not obtain employment or enter into a lease agreement? Yes No

Provide the following for any of the above questions that were answered "yes". If convicted, be prepared to supply a copy of the court ruling.

Date	City	County	State	Explanation:
<input type="text"/>				
Date	City	County	State	Explanation:
<input type="text"/>				

If more explanation is necessary, use a sheet of blank paper and include the required information.

Begin with your most recent employer or lessor; provide 10 years of work history for driving jobs, 5 years of work history for non-driving jobs, all full and part-time employment. All time must be accounted for, including military service, self-employment, periods of unemployment for greater than 2 weeks. Provide documentation for periods of self-employment (tax records, 1099's, and/or business invoices). You must indicate whether your prior job(s) were regulated by Federal Motor Carrier Safety Regulations (FMCSR) or subject to drug and/or alcohol testing. If you require additional space to list past employers or lessors, photocopy this blank page or use a sheet of blank paper and include the same information as requested below.

**Period of Non-Employment:**

From:  To:  Reason

**Current or Last Employer/Lessor**

Company Name:  From: (mo/yr)  To: (mo/yr)  Full Time/ Part Time  
Full Time Part Time

Address: Street  City  State  Zip code

Phone  Contact Person  Position Held

Reason for Leaving  Rate of Pay

Tuck Type Driven Semi Straight Other States Driven In:

Are you currently employed or leased on with this company? Yes No If yes, may we contact your current employer or lessor? Yes No

Were you subject to FMCSR's while employed or leased with this company? Yes No Was this work designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

**Period of Non-Employment:**

From:  To: (mo/yr)  Reason

**Employer/Lessor #2**

Company Name:  From: (mo/yr)  To: (mo/yr)  Full Time/ Part Time  
Full Time Part Time

Address: Street  City  State  Zip code

Phone  Contact Person  Position Held

Reason for Leaving  Rate of Pay

Tuck Type Driven Semi Straight Other States Driven In:

Are you currently employed or leased on with this company? Yes No If yes, may we contact your current employer or lessor? Yes No

Were you subject to FMCSR's while employed or leased with this company? Yes No Was this work designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

**Period of Non-Employment:**

From:  To: (mo/yr)  Reason

**Employer/Lessor #3**

Company Name:  From: (mo/yr)  To: (mo/yr)  Full Time/ Part Time  
Full Time Part Time

Address: Street  City  State  Zip code

Phone  Contact Person  Position Held

Reason for Leaving  Rate of Pay

Tuck Type Driven Semi Straight Other States Driven In:

Are you currently employed or leased on with this company? Yes No If yes, may we contact your current employer or lessor? Yes No

Were you subject to FMCSR's while employed or leased with this company?  Yes  No

Was this work designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?  Yes  No

**Period of Non-Employment:**

From:  To (mo/yr)  Reason

**Employer/Lessor #4**

Company Name:  From: (mo/yr)  To (mo/yr)  Full Time/ Part Time  Full Time  Part Time

Address:  Street  City  State  Zip code

Phone  Contact Person  Position Held

Reason for Leaving  Rate of Pay

Tuck Type Driven  Semi  Straight  Other  States Driven In:

Are you currently employed or leased on with this company?  Yes  No

If yes, may we contact your current employer or lessor?  Yes  No

Were you subject to FMCSR's while employed or leased with this company?  Yes  No

Was this work designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?  Yes  No

**NOTE: The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1. Weighs or has a GVWR or 10,001 lbs 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 placards.**

**List all accidents/incidents you have been involved in within the past 5 years, regardless of fault, severity or motor vehicle type. If None write NONE**

**Last Accident:** Date  Fault  Yes  No  Accident Type:

Type of Vehicle:  Number of Vehicles Involved  Number of Injuries:  Number of Fatalities:

Were Any Vehicles Towed Away?  Yes  No  Comments:

**Last Accident:** Date  Fault  Yes  No  Accident Type:

Type of Vehicle:  Number of Vehicles Involved  Number of Injuries:  Number of Fatalities:

Were Any Vehicles Towed Away?  Yes  No  Comments:

**Last Accident:** Date  Fault  Yes  No  Accident Type:

Type of Vehicle:  Number of Vehicles Involved  Number of Injuries:  Number of Fatalities:

Were Any Vehicles Towed Away?  Yes  No  Comments:

**Moving Convictions – List all tickets and forfeitures for the past 5 years (excluding parking tickets).**

1. Date	State	Violation	Penalty Amount
<input type="text"/>			
2. Date	State	Violation	Penalty Amount
<input type="text"/>			
3. Date	State	Violation	Penalty Amount
<input type="text"/>			
4. Date	State	Violation	Penalty Amount
<input type="text"/>			

**List ALL driver licenses numbers assigned to you in the past 10 years. (Starting With Your Current License)**

State	License No.	Endorsements:	Exp. Date	<input type="text"/>
State	License No.	Endorsements:	Exp. Date	<input type="text"/>
State	License No.	Endorsements:	Exp. Date	<input type="text"/>

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, give details:

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### Education

Circle the Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Last School Attended

Name of School City State

Did you attend a truck driving school Yes No

School Attended

Name of School City State

Phone Number: Graduation Date:

Overall GPA:

Contact Person: Total Hours Attended:

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### Military

Branch: Dates of Service: From  To

Type of discharge: MOS

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### Truck Driver (intrastate, interstate commerce) Job Description

We are looking for motivated, hardworking owner operators with their own truck and trailer to join our fleet. This is an OTR position that requires you to be out on the road 2 weeks at a time. You do not have to live nearby and any interviews can be conducted via Skype. The pay is 75% to carrier and 25% to lessee/driver of gross booked amount of each load. The carrier handles all the paperwork. Lessee/Driver is responsible for all expenses.

### Qualifications

- Operate commercial motor vehicle in a safe and efficient manner.
- Comply with all Federal, state or local regulations that govern the trucking industry. This includes but is not limited to DOT and FMCSR.
- Have a working knowledge of FMCSR regulations and Hours of Service regulations.
- Possess and maintain a valid CDL – Class A (A copy of your valid Class A CDL will be required for DOT files).
- Must meet all Federal DOT required medical standards, including controlled substances.
- Must be reliable and on time for booked loads.
- Must pass DOT drug test.

### Duties

- Conduct yourself in a manner that promotes professionalism within the company and the industry and provide safe, superior customer service in an efficient, professional manner.
- Have and demonstrate the necessary driving skills to operate a commercial combination vehicle at varying speeds in difficult situations that may include, but is not limited to heavy traffic, inclement weather or at shipper or receiver locations that may include docking situations.
- Conduct pre-trip and post-trip inspections on tractor-trailer combination vehicles.
- Load and unload general freight products by hand when necessary.
- Operate mobile (satellite) in truck communication systems to include utilizing electronic on board logs.
- Install and remove tire chains when required by local law or as required by weather conditions.

Statements included in this Truck Driver job description do not necessarily represent an exhaustive list of all responsibilities, skills, duties, requirements, efforts or working conditions associated with the truck driving job.

### Applicants – Are you able, with or without accommodation:

Operate a commercial vehicle for up to 11 hours per day?	Yes	No
Move freight weighing up to 70 lbs. from floor level to shoulder height to a distance of more than 53 feet?	Yes	No
Pull a 5th wheel pin with an average of 200 lbs. of force?	Yes	No
Raise and lower the landing gear which involves repetitious turning of trailer dolly handle (crank)?	Yes	No
Pull yourself in the tractor at 60% of your body weight?	Yes	No
Reach shoulder level or above to load and unload freight for extended periods of time?	Yes	No
Climb in and out of a tractor or trailer 8 to 10 times per day?	Yes	No
Complete written daily record of duty status forms (Logs)?	Yes	No
Conduct thorough pre-trip and/or post-trip inspections on tractor and trailer?	Yes	No
Fuel and perform minor or preventive maintenance on a tractor or trailer?	Yes	No
Operate a commercial motor vehicle in a safe and efficient manner during daytime and/or nighttime hours?	Yes	No
Can you read, write and speak English sufficiently to converse with the general public, understand highway and traffic signs and signals, respond to official inquires, read a bill of lading and make accurate entries in the driver's daily log or electronic on board recorder as required by Federal regulations?	Yes	No

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**AUTHORIZATION AND CERTIFICATION**  
**PLEASE PRINT NAME, SIGN AND DATE BELOW**

Must be carefully read and authorized by applicant. If you have any questions or require an explanation of the terms of this Authorization and Certification, please call ACW Transport LLC (Carrier) 563 554 3458.

I understand, agree and authorize that ACW Transport LLC (Carrier) may procure one or more reports regarding my Motor Vehicle Record, driving record, credit history, criminal background history and/or past employment or lease records from any law enforcement agency, court of record, HireRight, any third party consumer reporting agency and/or other sources as the Carrier deems necessary for the consideration of entering into an Owner Operator Operating Agreement ("OOO Agreement") with me.

I authorize ACW Transport LLC to make such investigations and inquiries of my personal, employment and lease records, financial or medical history and other related matters as may be necessary in arriving at a decision to enter into an OOO Agreement. I further agree to provide access to previous medical records if required. I understand, agree and authorize that Carrier may procure my safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years from the Federal Motor Carriers Safety Administration Pre-Screening Program or any other third party consumer reporting agency.

I understand, agree and authorize the release of any information about my education, experience, abilities, or work related characteristics or traits held or known by my present or former employers, carriers/lessors, supervisors, co-workers or by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Carrier might contact in the course of conducting a reference check or background investigation of my suitability to provide services under an OOO Agreement.

I hereby authorize, without liability, any person or organization whose name I have given as a reference, or my whom I have been previously employed or contracted with, to furnish ACW Transport LLC any information they may have concerning my safety performance, all accidents, including those defined in 390.5 of FMCSE, all drug and alcohol testing violations, refusals or completed rehabilitations, character, habits, ability, financial responsibility, job performance or other work related characteristics, reasons for leaving employment or ending contract/lease and all information concerning my employment/contract/lease. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to me by reasons of furnishing such information.

I understand that if I had employment with a DOT employer, or was an Owner Operator leased to a DOT carrier in the past (3) three years, I have: 1) the right to review information provided by previous employers or carriers/lessors and/or consumer reporting agencies. 2) The right to have errors in information corrected by the previous employer or carrier/lessor and/or consumer reporting agency and for that previous employer or carrier/lessor and/or consumer reporting agency to re-send the corrected information to ACW Transport LLC. 3) The right to have a rebuttal statement attached to the alleged erroneous information if I cannot agree with my previous employer or carrier/lessor and/or consumer reporting agency on the accuracy of the information.

I understand and I agree to the terms and conditions of the Truck Driver Job Description.

I understand that this application to enter into an OOO Agreement will not be accepted as final until satisfactorily completing a medical examination including drug testing, a driving skill exam, a personal interview. The location of these exams and requirements shall be at the sole discretion of the Carrier. I further agree to provide access to previous medical records if required.

I understand and agree, that as a condition of the OOO Agreement with ACW Transport LLC, I will be subject to the alcohol and controlled substances regulations as published in the Federal Motor Carrier Safety Regulations (FMCSR) parts 40 and 382. I further agree to submit urine and breath samples as necessary to comply with testing requirements of the regulations. I understand that a positive test result for controlled substances (including adulterated samples or refusals to test) or test results indicating a Blood Alcohol Content (BAC) of .04 or greater will be grounds for refusal to enter into an OOO Agreement or immediate termination of my OOO Agreement should one exist.

I understand that any point in the future, whether I am actively providing services under an OOO Agreement with the Carrier or not, the Carrier may provide information concerning my services with the Carrier to HireRight, Inc. and/or TenStreet or any party that requests such information. I agree that said information may be furnished on my behalf without any liability or damages to the Carrier.

I understand and agree that my submitting this application to the Carrier in no way obligates the Carrier to agree to an OOO Agreement or offer me work or employment.

I understand that if I enter into an OOO Agreement with ACW Transport LLC it will be for at least a 6 month period, regardless of the period of payment of revenue. I further understand that I have the right to terminate my OOO Agreement after 6 months at any time with notice, and the AW Transport LLC has the same right.

I am familiar with and understand the Federal Motor Carrier Safety Regulations (FMCSR) Parts 383, 390-399, Subchapter B, Title 49 of the Code of Federal Regulations.

I certify that this application and all information provided by me in connection with my application, whether on this document or not, is true and complete to the best of my knowledge. Any false, misleading, incomplete or omission of information shall be sufficient grounds for disqualification of this application, refusal to enter into an OOO Agreement or termination of my OOO Agreement should one exist.

I attest I have read and understand the terms of this Authorization and Certification by placing my name at the bottom of said document. By placing my name below, I authorize Carriers and its employees, agents, and affiliates to obtain the information authorized in this Authorization and Certification document.

Applicant Name:

Social Security Number

Applicant Signature

Date

**IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE**

1. In connection with your application to enter into an Owner Operator Operating Agreement ("OOO Agreement") with ACW Transport LLC ("Carrier"), 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).

If ACW Transport LLC uses any information it obtains from FMCSA in a decision to not enter into an Owner Operator Operating Agreement ("OOO Agreement") with you, ACW Transport LLC will provide you with a copy of the requested report upon which our 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, ACW Transport LLC will notify you that the action has been taken and that the action was based in part or in whole on this report from the FMCSA. ACW Trucking LLC will, at your request, provide you with the name, address, and the toll free telephone number of the FMCSA.

The FMCSA did not make, or does not make, the decision to take adverse action and is unable to provide you the specific reasons why the adverse action was taken. You may, upon providing proper identification, request a free copy of the FMCSA PSP report and you may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from ACW Transport LLC, who procured the report, within 3 business days of receiving your request, together with proper identification, ACW Transport LLC will send or provide you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

ACW Transport LLC cannot obtain background reports from FMCSA unless you provide consent.

If you agree that ACW Transport LLC may obtain PSP and background reports, please read the following and sign below:

2. I authorize ACW Transport LLC to access the FMCSA Pre-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 ACW Transport LLC to make a determination regarding my suitability to provide services under an OOO Agreement.

3. I further understand that neither ACW Transport LLC 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 that I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging 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.

4. Please note: Any crash 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 FMCSR violations that have been adjudicated by a court of law will also appears, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by ACW Transport LLC and I understand that if I sign this consent form, ACW Transport LLC may obtain report of my crash and inspection history. I hereby authorize ACW Transport LLC and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature

Date

Social Security # or EIN #

**REQUEST FOR VERIFICATION OF EMPLOYMENT or SERVICE PROVIDER HISTORY and SAFETY PERFORMANCE**  
**FROM: ACW Transport LLC - 1559 300th Street - New Liberty, IA 52765 - Return Email: acwtransportllc@gmail.com**

I, (print name)

hereby authorize you to release to ACW Transport LLC., all records of my employment and/or service provider

background including, assessments of my job performance, safety record, background, ability, and fitness. Per 49CFR Part 40, the release or information from my DOT regulated drug and alcohol testing records by the carriers. I authorize the carrier to release any dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three year period, DOT drug and alcohol testing violations including pre-employment or pre-lease tests during the past three years: (i) alcohol tests with a result of 0.40 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers or lessors of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation and the name and phone number of any substance abuse professional who evaluated me during the past three years. I hereby, release the above named company and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

I understand that if I had employment with a DOT employer or provided lease services to a DOT regulated Carrier in the past three years: 1. I have the right to review information provided by previous employers or Carriers. 2. The right to have errors in the information corrected by the previous employer(s) and Carrier(s) and for that previous employer or Carrier to re-send the corrected information to ACW Transport LLC. 3. The right to have a rebuttal statement attached to the alleged erroneous information, if I cannot agree with my previous employer(s) or Carrier(s) on the accuracy of the information. I understand that in order to review information provided by previous employers or Carriers I must submit a written request to ACW Transport LLC. no later than 30 days after entering into an Owner Operator Operating Agreement or being notified of denial of entering into an Owner Operator Operating Agreement.

Applicant Signature

Date

SS#

Job Applying for:

**APPLICANT SIGN AND DATE ABOVE ONLY! DO NOT SIGN BELOW THIS BOX!**

**Inquiry into Employment or Service Provider History/Alcohol & Controlled Substance Testing per FMCSA 49 DFR Parts 40 and 391.23**

Company					Address					Phone	
Dates of Employment:	<input type="text"/>		To	<input type="text"/>		Full Time	Part Time	Position held with company			
Equipment:	Straight Truck	Tractor Semi	Trailer Type:			Van	Reefer	Flat	Hotshot		
						Other					
Driving Experience	OTR	Regional	Local	Team	Type of Operation	Company Driver	Owner/Operator	Driver for O/O			
Accidents:	Yes	No									
1. Preventable:	Yes	No	DOT Recordable:	Yes	No	Description:					
2. Preventable:	Yes	No	DOT Recordable:	Yes	No	Description:					
3. Preventable:	Yes	No	DOT Recordable:	Yes	No	Description:					
Rehire?	Yes	No	Why did this employee leave your company:			Quit	Discharge				
						Layoff					
						Other					
Work Record:	Outstanding	Satisfactory				Did this person return all company property in a timely manner?			Yes	No	
	Unsatisfactory										
	Other										
Problem with attendance?	Yes	NO	Did this person give proper notice upon leaving?			Choice 1	Did this person pick up and deliver on time:			Yes	
						Choice 2				NO	

**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 3 YEARS**

- |                                                                                                                |     |    |                             |
|----------------------------------------------------------------------------------------------------------------|-----|----|-----------------------------|
| 1. Alcohol tests with a result of 0.04 or greater?                                                             | Yes | No | If yes, please give date(s) |
| 2. Verified positive controlled substances test results?                                                       | Yes | No | If yes, please give date(s) |
| 3. Did applicant ever refuse to be tested?                                                                     | Yes | No | If yes, Please give date(s) |
| 4. Was rehabilitation completed as required?                                                                   | Yes | No | If yes, Please give date(s) |
| 5. Any other violations of DOT agency drug or alcohol testing regulations?                                     | Yes | No | If yes, Please give date(s) |
| Have you ever been notified of a positive drug or alcohol test from any previous employer about this employee? | Yes | No | If yes, Please give date(s) |

**Person providing the above information:**

Date  Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

**The Federal Motor Carrier Safety Regulations require all previous employers or Carriers for which services were provided by this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25 for which you may be prosecuted.**

### Partial Lease Agreement:

The Lessee/Driver/Contractor is responsible for following all DOT regulations and bear all costs, including but not limited to all expense to lease onto ACW Transport LLC:

- \$250 for compliance setup / Non-refundable deposit
- CDL, Medical Exam, Drug and Alcohol Testing
- \$200 Drug & Alcohol Consortium per year
- \$1,000,000 Liability & General Insurance (Insurance deposit if required)
- \$100,000 Cargo Insurance (Insurance deposit if required)
- IFTA Taxes Quarterly
- Weight & Distance Taxes if Needed
- IRP Setup Cost
- DOT Inspections on your truck and trailer
- ELD Monthly Fees
- Fuel and Maintenance

The Lessee/Driver/Contractor will provide complete compliance services after this, for the term of the contract at the cost of the lessee/driver, unless otherwise agreed upon in an amendment to this agreement, to be attached to this form, as part of his/her agreement. All quarterly taxes are due within 7 days of invoicing, in full, and in a timely manner.

In return Lessee/Driver/Contractor will run under the Authority of ACW Transport LLC, and will be covered by said companies insurance while transporting loads for ACW Transport LLC. Personal use insurance is NOT included in this agreement, and must be provided by the Lessee. Insurance has been or will be setup on a weekly basis.

The Lessee/Driver/Contractor agrees to stay on the road for 2-3 weeks at a time.

Compensation fee for ACW Transport LLC is dependent on the Rate Confirmation of each load and will consist of 15% gross, Lessee/Driver/Contractor receive 85% gross. ACW Transport LLC will bear the 8% dispatch fee. ACW Transport LLC will also provide:

- Free Dispatching
- Free IFTA filing each quarter
- All invoices & paperwork for free
- Electronic Logging System
- Bonuses for each passed DOT inspections:
  - Level 1 - \$50
  - Level 2 - \$25
- Weekly Pay to the Lessee/Driver, One week will be held back
- Magnetic Signs