

**THE**

**TWC**

TRAVEL WITH CARE

**Truckers**

**Resource Guide**



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

Ver. 8/2014



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

# The **TWC** Encyclopedia

## Table of Contents:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>Business Resources:</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                 | 3   |
| <ul style="list-style-type: none"><li>• Rig Ready Shop List</li><li>• PrePass</li><li>• Comdata</li><li>• Teletrac</li><li>• Axon</li><li>• Riviera Finance Company</li><li>• Central Analysis Bureau Information</li></ul>                                                                                                                                                                                                                      |     |
| <b>Inspection Forms</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                    | 4   |
| <ul style="list-style-type: none"><li>• MCS150</li><li>• Motor Carrier Permit</li><li>• MC Authority</li><li>• Driver Pre/Post Trip Checklist</li><li>• Driving Record</li><li>• Vehicle Registration</li><li>• Loss Run Report</li><li>• Accident Report Form</li><li>• Medical Examiners Report</li><li>• Medical Card</li><li>• Maintenance Log</li><li>• Vehicle Inspection Guide</li><li>• Pull Notice</li><li>• Driver Daily Log</li></ul> |     |
| <b>Permit Info and Forms:</b> .....                                                                                                                                                                                                                                                                                                                                                                                                              | 20  |
| <ul style="list-style-type: none"><li>• CA Motor Carrier Application<ul style="list-style-type: none"><li>o CHP Form</li></ul></li><li>• CA IFTA Website</li><li>• Dept of Toxic Substances Control Permit<ul style="list-style-type: none"><li>o DTSC Application</li><li>o MCS90 Form</li></ul></li><li>• New Mexico Filings</li><li>• Kentucky Permit</li></ul>                                                                               |     |
| <b>Alcohol and Drug Information</b> .....                                                                                                                                                                                                                                                                                                                                                                                                        | 21  |
| <b>Household Goods Moving Operations</b> .....                                                                                                                                                                                                                                                                                                                                                                                                   | 23  |
| <ul style="list-style-type: none"><li>• Permit Requirements</li></ul>                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>Brokers:</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                            | 226 |
| <b>Copyright Statement:</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                | 32  |





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## **Business Resources:**

[Rig Ready Shop List.pdf](#)

Prepass: [www.prepass.com](http://www.prepass.com)

Get pre-screened and bypass weigh stations, port of entry facilities and agricultural interdiction facilities throughout the nation. Vehicles bypassing inspection facilities save drivers and their companies valuable time on the road, thereby reducing fuel and operating costs, while increasing productivity

Comdata: [www.comdata.com](http://www.comdata.com)

Comdata offers integrated financial solutions that are changing the way companies manage data, pay employees, process transactions, and manage spending on key business purchases. Our solutions help you save money, grow your revenue, streamline operations, and minimize financial risks.

Teletrac: [www.teletrac.com](http://www.teletrac.com)

Automate your fleet. Teletrac provides integrated GPS, Monitoring, Alerts, and Messaging for each of your trucks.

Axon: [www.axonsoftware.com](http://www.axonsoftware.com)

Software with Dispatch and accounting that is integrated in real time. Let them help with payroll, invoicing, IFTAs and more.

Riviera Finance: [www.rivierafinance.com](http://www.rivierafinance.com)

Speed up your receivables! Riviera Finance will buy your Bill of Lading and get you paid quickly within 48 hours.



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## Central Analysis Bureau- CAB Report

The CENTRAL ANALYSIS BUREAU has been around for over 70 years. In addition to the CAB Report, they also have other services and reports available including:

- Financial Analysis Service
- Insurance Filing Monitoring Service
- CAB Safety Monitoring Program
- Vehicle Inspection Tracker & Locator (VITAL)

The **CAB Submission Report**, available exclusively to CAB Premium Subscribers, is the industry source for the most comprehensive information on any individual motor carrier with the most up to date information regarding a motor carrier's safety, finances and overall operations. The information contained within the report is aggregated from various government and proprietary data sources including CAB, SAFER, SAFETSTAT and the Licensing and Insurance databases.

With the use of the CAB Submission Report, an underwriter has access to the necessary information to make an informed choice on whether an account meets the appetite of the underwriter. Easy to read charts and key focal points allow an underwriter to analyze a risk without reviewing additional source material. In order to enhance the underwriter's review of the report, the underwriter is immediately directed to an alert section that highlights all of the items that might be problematic. This allows the underwriter to focus quickly on items which should be of immediate concern. For example an underwriter is made aware if the carrier has:

- Both operating and brokerage authorities
- Conditional or Unsatisfactory DOT Safety rating
- HAZMAT inspections / violations
- Inactive authority
- Inadequate insurance for commodities hauled
- Severe violations
- Power units exceeding the number reported on the MCS-150
- Mexican border-zone inspections
- Excessive SEA or ISS-D scores

With this report the underwriter can analyze the safety status of the insured, the type of vehicles operated, and most importantly, recent violations cited to the carrier. In addition to the basic SAFER info, the CAB Report goes back 36 months instead of 24, so underwriters are able to get a true understanding of the states the insured travels to, a detailed inspection and accident section. Organized by VIN number, the report allows the underwriter to see a complete list of each vehicle's inspection and accident history with all associated violations, and a list of shippers the insured get's loads from.

As the precompiled data found on various government web sites is often inconsistent or incorrect, CAB has created programs to analyze the raw data and provide a true reflection of the insured's operations. These programs allow underwriters to profile motor carriers in a way never before offered, and simultaneously eliminate much of the error and oversight caused by manual research.



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## Inspection Forms

- MCS150
- Motor Carrier Permit
- MC Authority
- Driver Pre/Post Trip Checklist
- Driving Record
- Vehicle Registration
- Loss Run Report

Below items Under Construction:

- *90 Day Inspections*
- *Copy of Medical Card*
- *Accident Police Report*
- *Drug and Alcohol Information*
- *Maintenance*
- *Log Books*
- *Pull Notice*





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

### MCS150 – Form

Link: <http://safer.fmcsa.dot.gov/public/MCS150.asp>

| U.S. Department of Transportation<br>Federal Motor Carrier<br>Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | <b>MOTOR CARRIER IDENTIFICATION REPORT</b><br>(Application for U.S. DOT Number) |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------|---------------------------------|
| OMB No. 2126-0013<br>REASON FOR FILING (Check Only One)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |                                 |
| <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> BIENNIAL UPDATE OR CHANGES <input type="checkbox"/> OUT OF BUSINESS NOTIFICATION <input type="checkbox"/> REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |                                 |
| 1. NAME OF MOTOR CARRIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | 2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME                                     |                                 |
| 3. PRINCIPAL STREET ADDRESS/ROUTE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | 4. CITY                                                                         |                                 |
| 5. MAILING ADDRESS (P O BOX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | 6. MAILING CITY                                                                 |                                 |
| 7. STATE/PROVINCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8. ZIP CODE+4                  | 9. COLONIA (MEXICO ONLY)                                                        | 10. STATE/PROVINCE              |
| 11. ZIP CODE+4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12. COLONIA (MEXICO ONLY)      |                                                                                 |                                 |
| 13. PRINCIPAL BUSINESS PHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | 14. PRINCIPAL CONTACT CELLULAR PHONE NUMBER                                     |                                 |
| 15. PRINCIPAL BUSINESS FAX NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | 16. USDOT NO.                                                                   |                                 |
| 17. MC OR MX NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 18. DUN & BRADSTREET NO.       | 19. IRS/TAX ID NO.<br>EIN#                      SSN#                            | 20. INTERNET E-MAIL ADDRESS     |
| 21. COMPANY OPERATION (Circle all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                 |                                 |
| A. Interstate Carrier    B. Intrastate Hazmat Carrier    C. Intrastate Non-Hazmat Carrier    D. Interstate Shipper    E. Intrastate Shipper    F. Vehicle Registrant Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                 |                                 |
| 22. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year)                      YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                                                                                 |                                 |
| 23. OPERATION CLASSIFICATION (Circle All that Apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                                                                 |                                 |
| A. Authorized For-Hire    D. Private Passengers (Business)    G. U. S. Mail    J. Local Government<br>B. Exempt For-Hire    E. Private Passengers (Non-Business)    H. Federal Government    K. Indian Tribe<br>C. Private Property    F. Migrant    I. State Government    L. Other                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                                                                 |                                 |
| 24. CARGO CLASSIFICATIONS (Circle All that Apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                 |                                 |
| A. GENERAL FREIGHT    F. LOGS, POLES    J. FRESH PRODUCE    P. GRAIN, FEED, HAY    V. COMMODITIES DRY BULK<br>B. HOUSEHOLD GOODS    G. BEAMS, LUMBER    K. LIQUIDS/GASES    Q. COAL/COKE    W. REFRIGERATED FOOD<br>C. METAL SHEETS;    H. BUILDING MATERIALS    L. INTERMODAL CONT.    R. MEAT    X. BEVERAGES<br>COILS; ROLLS    I. MOBILE HOMES    M. PASSENGERS    S. GARBAGE, REFUSE, TRASH    Y. PAPER PRODUCTS    BB. CONSTRUCTION<br>D. MOTOR VEHICLES    L. MACHINERY,    N. OIL FIELD EQUIPMENT    T. U.S. MAIL    Z. UTILITY    CC. WATER WELL<br>E. DRIVE AWAY/TOWAWAY    LARGE OBJECTS    O. LIVESTOCK    U. CHEMICALS    AA. FARM SUPPLIES    DD. OTHER |                                |                                                                                 |                                 |
| 25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C – CARRIED    S – SHIPPED    B(BULK) – IN CARGO TANKS    NB(NON-BULK) – IN PACKAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |                                 |
| C S A. DIV 1.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B NB C S K. DIV 2.2A (Ammonia) | B NB C S U. DIV 4.2                                                             | B NB C S EE. HRCQ               |
| C S B. DIV 1.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B NB C S L. DIV 2.3A           | B NB C S V. DIV 4.3                                                             | B NB C S FF. CLASS 8            |
| C S C. DIV 1.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B NB C S M. DIV 2.3B           | B NB C S W. DIV 5.1                                                             | B NB C S GG. CLASS 8A           |
| C S D. DIV 1.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B NB C S N. DIV 2.3C           | B NB C S X. DIV 5.2                                                             | B NB C S HH. CLASS 8B           |
| C S E. DIV 1.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B NB C S O. DIV 2.3D           | B NB C S Y. DIV 6.2                                                             | B NB C S II. CLASS 9            |
| C S F. DIV 1.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B NB C S P. Class 3            | B NB C S Z. DIV 6.1A                                                            | B NB C S JJ. ELEVATED TEMP MAT. |
| C S G. DIV 2.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B NB C S Q. Class 3A           | B NB C S AA. DIV 6.1B                                                           | B NB C S KK. INFECTIOUS WASTE   |
| C S H. DIV 2.1 LPG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | B NB C S R. Class 3B           | B NB C S BB. DIV 6.1 Poison                                                     | B NB C S LL. MARINE POLLUTANTS  |
| C S I. DIV 2.1 (Methane)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | B NB C S S. COMB LIQ           | B NB C S CC. DIV 6.1 SOLID                                                      | B NB C S MM. HAZARDOUS SUB (RQ) |
| C S J. DIV 2.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B NB C S T. DIV 4.1            | B NB C S DD. CLASS 7                                                            | B NB C S NN. HAZARDOUS WASTE    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                                                                 | B NB C S OO. ORM                |
| 26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Straight Trucks                | Truck Tractors                                                                  | Trailers                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Hazard Cargo Tank Trucks       | Hazard Cargo Tank Trailers                                                      | Motor Coach                     |
| Number of vehicles carrying number of passengers (including the driver) below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                 |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1-8                            | 9-15                                                                            | 16+                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1-8                            | 9-15                                                                            | 16+                             |
| OWNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                                                 |                                 |
| TERM LEASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |                                 |
| TRIP LEASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                                                 |                                 |
| 27. DRIVER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                                                                 |                                 |
| Within 100-Mile Radius                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | TOTAL DRIVERS                                                                   |                                 |
| Beyond 100-Mile Radius                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | TOTAL CDL DRIVERS                                                               |                                 |
| 28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes _____ No _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                 |                                 |
| If Yes, enter your U.S. DOT Number. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                 |                                 |
| 29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                 |                                 |
| 1. _____<br>(Please print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                | 2. _____<br>(Please print Name)                                                 |                                 |
| 30. CERTIFICATION STATEMENT (to be completed by an authorized official)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                 |                                 |
| I, _____, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                 |                                 |
| Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                | Date _____ Title _____<br>(Please print)                                        |                                 |





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

### Motor Carrier Permit

STATE OF CALIFORNIA BUSINESS, TRANSPORTATION AND HOUSING AGENCY

DEPARTMENT OF MOTOR VEHICLES  
MOTOR CARRIER PERMIT BRANCH MS 6875  
P.O. BOX 982370 Sacramento, CA. 94232-3700  
(916) 657-8153

05/21/2007



ABC Trucking  
1234 Abc Avenue  
Lodi CA 91020

| MOTOR CARRIER PERMIT                                                                                                                                                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                   |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <br>DEPARTMENT OF MOTOR VEHICLES<br>MOTOR CARRIER SERVICES BRANCH<br>P.O. BOX 982370 Sacramento, CA. 94232-3700 |                    | Valid From: 07/01/2007<br>Valid Through: 06/30/2008                                                                                                                                                                                                                                                                                                                                                               | CA#: 0234429 |
| ABC Trucking<br>1234 Abc Avenue<br>Lodi CA 91020                                                                                                                                                 |                    | The carrier named on this permit, having made written application to the Department of Motor Vehicles for a permit to operate as a motor carrier of property as defined in vehicle code section 34601, and having met the requirements and paid the appropriate fees, is granted a permit of the following classification:<br> |              |
| Pmt Date: 05/19/2007                                                                                                                                                                             | Office #: 154      |                                                                                                                                                                                                                                                                                                                                                                                                                   |              |
| Account #: 369482                                                                                                                                                                                | Tech ID: SK        |                                                                                                                                                                                                                                                                                                                                                                                                                   |              |
| Sequence #: 0024                                                                                                                                                                                 | Amt Paid: \$475.00 |                                                                                                                                                                                                                                                                                                                                                                                                                   |              |

#### !!IMPORTANT REMINDERS!!!

1. Your permit will expire at midnight on the 'Valid Through' date. If you do not receive a renewal notice 30 days prior to the expiration date, please submit an original application and check the "Renewal" box.
2. Your insurance must remain valid through the term of your permit or a suspension action could occur.
3. Changes to your fleet are not required to be reported until your renewal.
4. Changes to your business entity may require a new CA# and application for another Motor Carrier Permit.
5. If you decide to no longer operate as a motor carrier of property, you must submit a 'Voluntary Withdrawal' form.
6. For changes to the address, business name, officers, or authorized representative's name, please complete the 'Notice of Change' form. Changes during your renewal period may be submitted on your renewal application.
7. You may download forms from the Internet at [www.dmv.ca.gov](http://www.dmv.ca.gov) or receive further information by calling: (916) 657-8153.

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

DMV 2100 MCP (REV 10/2004)

A Public Service Agency

[Close Window](#)



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

### MC Authority



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.  
Washington, DC 20590

SERVICE DATE  
January 05, 2010

PERMIT  
MC-123456-P  
ABC TRUCKING  
INGLEWOOD, CA

This Permit is evidence of the carrier's authority to engage in transportation as a *contract carrier of property (except household goods)* by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Jeffrey L. Secrist, Chief  
Information Technology Operations Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

PMO





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## Driver Pre-Trip/Post-Trip Inspection Checklist

Vehicle (Make/Model/ Year): \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

Trailer Number: \_\_\_\_\_ Hubometer Reading: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.

Check any item that needs attention. Provide details under Comments section.

| Tires                    |                          |                             |
|--------------------------|--------------------------|-----------------------------|
| OK                       | Needs Attention          |                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper inflation            |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate tread              |
| <input type="checkbox"/> | <input type="checkbox"/> | Spare inflated              |
| Leaks (look underneath)  |                          |                             |
| OK                       | Needs Attention          |                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Oil                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Fuel tanks                  |
| Gauges                   |                          |                             |
| OK                       | Needs Attention          |                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Fuel                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Temperature                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Dashboard warning light     |
| Lighting System          |                          |                             |
| OK                       | Needs Attention          |                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Headlights                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Brake lights                |
| <input type="checkbox"/> | <input type="checkbox"/> | Turn signals                |
| <input type="checkbox"/> | <input type="checkbox"/> | Hazard lights               |
| <input type="checkbox"/> | <input type="checkbox"/> | Reflectors                  |
| Safety Equipment         |                          |                             |
| OK                       | Needs Attention          |                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire extinguisher           |
| <input type="checkbox"/> | <input type="checkbox"/> | Reflective triangles/flares |
| <input type="checkbox"/> | <input type="checkbox"/> | Spare bulbs/fuses           |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency contact info      |
| <input type="checkbox"/> | <input type="checkbox"/> | Cell phone/two-way radio    |

| Trailers                 |                          |                    |
|--------------------------|--------------------------|--------------------|
| OK                       | Needs Attention          |                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Brake connections  |
| <input type="checkbox"/> | <input type="checkbox"/> | Coupling chains    |
| <input type="checkbox"/> | <input type="checkbox"/> | Coupling king pin  |
| <input type="checkbox"/> | <input type="checkbox"/> | Doors              |
| <input type="checkbox"/> | <input type="checkbox"/> | Landing gear       |
| <input type="checkbox"/> | <input type="checkbox"/> | Tires/wheels       |
| Other Equipment          |                          |                    |
| OK                       | Needs Attention          |                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Windshield wipers  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fans and defroster |
| <input type="checkbox"/> | <input type="checkbox"/> | Brake system       |
| <input type="checkbox"/> | <input type="checkbox"/> | Mirrors            |
| <input type="checkbox"/> | <input type="checkbox"/> | Horn               |
| <input type="checkbox"/> | <input type="checkbox"/> | Exhaust system     |
| <input type="checkbox"/> | <input type="checkbox"/> | Seat belts         |
| Comments:                |                          |                    |
| _____                    |                          |                    |
| _____                    |                          |                    |
| _____                    |                          |                    |
| _____                    |                          |                    |

- ☐ Condition of vehicle is acceptable
- ☐ Defects noted above have been repaired
- ☐ Defects noted above need not be repaired for safe operation of vehicle

Mechanic's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information please call us at 888-782-4672 or email us at [riskcontrol@suainsurance.com](mailto:riskcontrol@suainsurance.com)



The information and suggestions presented in this document have been developed from sources believed to be reliable, but they should not be construed as legal advice. SUA Insurance Company (SUA) accepts no legal responsibility for the correctness or completeness of this material or its application to specific factual situations. Consult competent legal counsel before deciding how to proceed in any specific situation. This document is for illustrative purposes only and is not a contract. Only an insurance policy can provide actual terms, coverages, amounts, conditions and exclusions. SUA is a service mark registered with the United States Patent and Trademark Office. Copyright © 2009. All rights reserved.



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

### Driving Record

A Public Service Agency

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES  
\*\*\*CUSTOMER RECEIPT COPY\*\*\*  
DRIVER LICENSE/IDENTIFICATION CARD  
INFORMATION REQUEST  
09/10/12

DAK99933607K4AA1234567

DATE:09-10-12\*TIME:15:31\*

DL/NO:A1234567

B/D:05-01-1967\*NAME:ALVARADO,THOMAS

RES ADD AS OF 08-02-12:2151 E ALMONT AVE APT C, ANAHEIM 92806\*

OTH ADD AS OF 08-13-07:1230 S BELHAVEN APT 249, ANAHEIM\*

AKA:

IDENTIFYING INFORMATION:

SEX:MALE\*HAIR:BLACK\*EYES:BRN\*HT:5-04\*WT:160\*

LIC/ISS:08-02-12\* EXP:05-01-17\*CLASS:A COMMERCIAL\*

ENDORSEMENTS:

HAZARDOUS MATERIALS\*

TSA CLEARANCE APPROVED HAZARDOUS MATERIALS ENDORSEMENT EXP:07-19-17

MEDICAL EXPIRES:05-27-13\*

COMMERCIAL LICENSE STATUS:

VALID\*

LICENSE STATUS:

VALID\*

DEPARTMENTAL ACTIONS:

NONE\*

CONVICTIONS:

NONE\*

FAILURES TO APPEAR:

NONE\*

A Public Service Agency

ACCIDENTS:

NONE\*

\* \* \* END \* \* \*

607.091012 B9 0036 VIR \$ 5.00





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## Vehicle Registration



### APPORTIONED REGISTRATION CAB CARD

STATE OF CALIFORNIA

DEPARTMENT OF MOTOR VEHICLES

P.O. Box 932320 MS H160 Sacramento, CA 94232-3200 (916) 657-7971

OPERATOR/LESSEE/REGISTRANT

OWNER/LESSOR

ISSUED: 09/18/2012 EFFECTIVE: 09/13/2012 EXPIRES: 09/30/2012

Account Fleet Supp  
65029 001 0002  
TYPE OF CARRIER MX  
FOR HIRE  
Plate Unl Unl Make  
VP97415 899 2008 FRHT  
Unladen Wt Del Tgt Body Type  
16000 083 D TR  
VIN  
1FUJCRCK16PV80493

THE VEHICLE DESCRIBED HEREIN HAS BEEN APPORTIONED BETWEEN THE STATE OF CALIFORNIA AND THE JURISDICTIONS SHOWN BELOW. Canadian Provinces are shown in kilograms, Quebec is shown in axes, all other jurisdictions are shown in pounds. Buses may be identified by the number of seats. No jurisdictions are to be listed after the row of asterisks on the card is invalid.

|           |           |           |           |
|-----------|-----------|-----------|-----------|
| AL 80000  | AZ 80000  | CA 80000  | CO 80000  |
| CT 80000  | DE 80000  | FL 80000  | ID 80000  |
| IL 80000  | IN 80000  | LA 80000  | KS 80000  |
| LA 80000  | ME 80000  | MD 80000  | MA 80000  |
| MN 80000  | MS 80000  | MO 80000  | MT 80000  |
| NV 80000  | NH 80000  | ND 80000  | NM 80000  |
| NC 80000  | ND 80000  | OH 80000  | OK 80000  |
| PA 80000  | RI 80000  | SC 80000  | SD 80000  |
| TX 80000  | UT 80000  | VA 80000  | TN 80000  |
| WV 80000  | WI 80000  | WY 80000  | WA 80000  |
| *** ***** | *** ***** | *** ***** | *** ***** |
| *** ***** | *** ***** | *** ***** | *** ***** |
| *** ***** | *** ***** | *** ***** | *** ***** |

This apportioned Cab Card must be carried in the vehicle at all times. All fees are due to the State of California on or before the expiration date listed above. The cab card is non-transferable and must be surrendered with the license plate(s) if the vehicle is deleted from the fleet.

CARRIER RESPONSIBLE FOR SAFETY: USDOT 1750636



15A091812AH0041



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## Loss Run Report

### Loss Runs

Please enter your policy number in a numerical format.  
Here's an example: 456258

Policy Number :123456

---

Policy: 123456

Insured :

Policy Period: 12/23/2007 thru 12/23/2012

Cancel Date:

### Claim Totals

| Claims                           | Loss   | Paid \$ Expense | Outstanding | Incurred |
|----------------------------------|--------|-----------------|-------------|----------|
| 0                                | \$0.00 | \$0.00          | \$0.00      | \$0.00   |
| Gross (excluding recoveries)     |        | \$0.00          |             |          |
| Deductible Recoveries            |        | \$0.00          |             |          |
| Salvage & Subrogation Recoveries |        | \$0.00          |             |          |
| Net                              |        | \$0.00          |             |          |

run at 4/26/2012 6:52:37 PM



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

| <b>ACORD AUTO ACCIDENT INFORMATION FORM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                             |                                                                                |                            |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------|--------------------------------------------------------------------------------|----------------------------|-----------------|
| <b>KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                             |                                                                                |                            |                 |
| IF YOU HAVE AN ACCIDENT, use this form to record the facts about the accident, including names and address of all parties involved, and any witnesses to the accident. Give the completed form to your insurance agent or company, or provide the information by phone.                                                                                                                                                                                                                                          |      |                                             |                                                                                |                            |                 |
| DATE OF ACCIDENT AND TIME<br><div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">AM<br/>PM</div> </div> |      | LOCATION OF ACCIDENT (INCLUDE CITY & STATE) |                                                                                |                            |                 |
| DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                             |                                                                                |                            |                 |
| AUTHORITY CONTACTED AND REPORT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                             | ANY VIOLATIONS/CITATIONS AS A RESULT OF THE ACCIDENT (DESCRIBE)                |                            |                 |
| <b>PROPERTY DAMAGED (NOT YOUR VEHICLE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                             |                                                                                |                            |                 |
| DESCRIBE PROPERTY<br>(If auto, year, make, model, plate #)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                             | INSURANCE COMPANY                                                              |                            |                 |
| OWNER'S NAME & ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                             | RESIDENCE PHONE (A/C, N, Ex:)                                                  |                            |                 |
| OTHER DRIVER'S NAME & ADDRESS<br>(Check if <small>OTHER DRIVER</small> )                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                             | BUSINESS PHONE (A/C, N, Ex:)                                                   |                            |                 |
| DRIVER'S LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                             | RESIDENCE PHONE (A/C, N, Ex:)                                                  |                            |                 |
| DESCRIBE DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                             | BUSINESS PHONE (A/C, N, Ex:)                                                   |                            |                 |
| WHERE CAN DAMAGE BE SEEN?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                             |                                                                                |                            |                 |
| <b>INJURED PARTIES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                             |                                                                                |                            |                 |
| NAME & ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | PHONE (A/C, N)                              |                                                                                | AGE                        | DESCRIBE INJURY |
| INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR                                                                                                                                                                                                                                                                                                                                                                                      |      |                                             |                                                                                |                            |                 |
| INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR                                                                                                                                                                                                                                                                                                                                                                                      |      |                                             |                                                                                |                            |                 |
| <b>WITNESSES OR PASSENGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                             |                                                                                |                            |                 |
| NAME & ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | PHONE (A/C, N)                              |                                                                                | INS. VEH.                  | OTH. VEH.       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                             |                                                                                |                            |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                             |                                                                                |                            |                 |
| <b>YOUR INSURED VEHICLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                             |                                                                                |                            |                 |
| YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MAKE | MODEL                                       |                                                                                | PLATE NUMBER               | STATE           |
| OWNER'S NAME & ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                             | RESIDENCE PHONE (A/C, N, Ex:)                                                  |                            |                 |
| DRIVER'S NAME & ADDRESS<br>(Check if <small>OTHER DRIVER</small> )                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                             | BUSINESS PHONE (A/C, N, Ex:)                                                   |                            |                 |
| RELATION TO INSURED (Employee, family, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                             | RESIDENCE PHONE (A/C, N, Ex:)                                                  |                            |                 |
| DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                             | BUSINESS PHONE (A/C, N, Ex:)                                                   |                            |                 |
| DRIVER'S LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                             | STATE                                                                          |                            |                 |
| PURPOSE OF USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                             | USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO |                            |                 |
| DESCRIBE DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | WHERE CAN VEHICLE BE SEEN?                  |                                                                                | WHEN CAN VEH BE SEEN?      |                 |
| YOUR INSURANCE COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | YOUR POLICY NUMBER                          |                                                                                | OTHER INSURANCE ON VEHICLE |                 |
| <b>POLICYHOLDER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                             |                                                                                |                            |                 |
| POLICYHOLDER'S NAME & ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                             | RESIDENCE PHONE (A/C, N, Ex:)                                                  |                            |                 |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                             | BUSINESS PHONE (A/C, N, Ex:)                                                   |                            |                 |





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

### Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                          |  |                                                                                                                                       |  |                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. DRIVER'S INFORMATION</b> Driver completes this section                                                                                                                                                                                 |  |                                                                                                                                                                                                          |  |                                                                                                                                       |  |                                                                                                                                                                   |  |
| Driver's Name (Last, First, Middle)                                                                                                                                                                                                          |  | Social Security No.                                                                                                                                                                                      |  | Birthdate<br>M / D / Y                                                                                                                |  | Age Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F                                                                                               |  |
| New Certification <input type="checkbox"/><br>Recertification <input type="checkbox"/><br>Follow-up <input type="checkbox"/>                                                                                                                 |  | Date of Exam                                                                                                                                                                                             |  |                                                                                                                                       |  |                                                                                                                                                                   |  |
| Address                                                                                                                                                                                                                                      |  | City, State, Zip Code                                                                                                                                                                                    |  | Work Tel: ( )<br>Home Tel: ( )                                                                                                        |  | Driver License No.                                                                                                                                                |  |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                          |  |                                                                                                                                       |  | License Class<br><input type="checkbox"/> A <input type="checkbox"/> C<br><input type="checkbox"/> B <input type="checkbox"/> D<br><input type="checkbox"/> Other |  |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                          |  |                                                                                                                                       |  | State of Issue                                                                                                                                                    |  |
| <b>2. HEALTH HISTORY</b> Driver completes this section, but medical examiner is encouraged to discuss with driver.                                                                                                                           |  |                                                                                                                                                                                                          |  |                                                                                                                                       |  |                                                                                                                                                                   |  |
| Yes No                                                                                                                                                                                                                                       |  | Yes No                                                                                                                                                                                                   |  | Yes No                                                                                                                                |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> <input type="checkbox"/> Any illness or injury in the last 5 years?                                                                                                                                                 |  | <input type="checkbox"/> <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis                                                                                                    |  | <input type="checkbox"/> <input type="checkbox"/> Fainting, dizziness                                                                 |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> <input type="checkbox"/> Head/Brain injuries, disorders or illnesses                                                                                                                                                |  | <input type="checkbox"/> <input type="checkbox"/> Kidney disease, dialysis                                                                                                                               |  | <input type="checkbox"/> <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> <input type="checkbox"/> Seizures, epilepsy<br><input type="checkbox"/> medication                                                                                                                                  |  | <input type="checkbox"/> <input type="checkbox"/> Liver disease                                                                                                                                          |  | <input type="checkbox"/> <input type="checkbox"/> Stroke or paralysis                                                                 |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> <input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)                                                                                                                                |  | <input type="checkbox"/> <input type="checkbox"/> Digestive problems                                                                                                                                     |  | <input type="checkbox"/> <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe                               |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> <input type="checkbox"/> Ear disorders, loss of hearing or balance                                                                                                                                                  |  | <input type="checkbox"/> <input type="checkbox"/> Diabetes or elevated blood sugar controlled by:<br><input type="checkbox"/> diet<br><input type="checkbox"/> pills<br><input type="checkbox"/> insulin |  | <input type="checkbox"/> <input type="checkbox"/> Spinal injury or disease                                                            |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition<br><input type="checkbox"/> medication                                                                                       |  | <input type="checkbox"/> <input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression<br><input type="checkbox"/> medication                                                       |  | <input type="checkbox"/> <input type="checkbox"/> Chronic low back pain                                                               |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> <input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker)                                                                                                                           |  | <input type="checkbox"/> <input type="checkbox"/> Loss of, or altered consciousness                                                                                                                      |  | <input type="checkbox"/> <input type="checkbox"/> Regular, frequent alcohol use                                                       |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> <input type="checkbox"/> High blood pressure <input type="checkbox"/> medication                                                                                                                                    |  |                                                                                                                                                                                                          |  | <input type="checkbox"/> <input type="checkbox"/> Narcotic or habit forming drug use                                                  |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> <input type="checkbox"/> Muscular disease                                                                                                                                                                           |  |                                                                                                                                                                                                          |  |                                                                                                                                       |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> <input type="checkbox"/> Shortness of breath                                                                                                                                                                        |  |                                                                                                                                                                                                          |  |                                                                                                                                       |  |                                                                                                                                                                   |  |
| For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.                             |  |                                                                                                                                                                                                          |  |                                                                                                                                       |  |                                                                                                                                                                   |  |
| <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |  |                                                                                                                                                                                                          |  |                                                                                                                                       |  |                                                                                                                                                                   |  |

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Examiner's Comments on Health History** (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below. )



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

### VEHICLE PREVENTIVE MAINTENANCE SCHEDULE LOG

|                                                                                                                                                                                                                             |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|-------------------|--------------|--------------------|-------------------|--------------|--------------------|-------------------|--------------|--------------------|-------------------|
| <b>INSTRUCTIONS:</b> Record the date, mileage and indicate with "PM" (preventive maintenance) or "R" (item replaced).<br>All items must undergo PM at least every 90 days or as necessary and so indicated by manufacturer. |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Vehicle Make: _____                                                                                                                                                                                                         |              |                    | Model: _____      |              |                    | Year: _____       |              |                    | VIN# _____        |              |                    |                   |
| <b>Every 90 Days:</b>                                                                                                                                                                                                       | PM/R<br>Date | Mileage<br>At PM/R | Performed<br>PM/R | PM/R<br>Date | Mileage<br>At PM/R | Performed<br>PM/R | PM/R<br>Date | Mileage<br>At PM/R | Performed<br>PM/R | PM/R<br>Date | Mileage<br>At PM/R | Performed<br>PM/R |
| Air Filter                                                                                                                                                                                                                  |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Antifreeze/Coolant Condition                                                                                                                                                                                                |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Battery Condition                                                                                                                                                                                                           |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Belt Tension                                                                                                                                                                                                                |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Brake Fluid Level                                                                                                                                                                                                           |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Chassis Lubrication                                                                                                                                                                                                         |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Coolant Hose condition                                                                                                                                                                                                      |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Front Brakes                                                                                                                                                                                                                |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Oil and Filter                                                                                                                                                                                                              |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Parking Brake                                                                                                                                                                                                               |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Rear Brakes                                                                                                                                                                                                                 |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Steering System/Fluids                                                                                                                                                                                                      |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Tires                                                                                                                                                                                                                       |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Tire Alignment                                                                                                                                                                                                              |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Tire Rotation                                                                                                                                                                                                               |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Transmission Fluid                                                                                                                                                                                                          |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| <b>Every 12 Months:</b>                                                                                                                                                                                                     | PM/R<br>Date | Mileage<br>At PM/R | Performed<br>PM/R | PM/R<br>Date | Mileage<br>At PM/R | Performed<br>PM/R | PM/R<br>Date | Mileage<br>At PM/R | Performed<br>PM/R | PM/R<br>Date | Mileage<br>At PM/R | Performed<br>PM/R |
| Electronic Ignition                                                                                                                                                                                                         |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Distributor                                                                                                                                                                                                                 |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Fuel Filter                                                                                                                                                                                                                 |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Spark Plugs                                                                                                                                                                                                                 |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| Transmission Filter                                                                                                                                                                                                         |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |
| <b>Signature</b>                                                                                                                                                                                                            |              |                    |                   |              |                    |                   |              |                    |                   |              |                    |                   |



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## TYPICAL TRUCK OR COMBINATION VEHICLE INSPECTION GUIDE

### STEP 1: Engine Compartment

Fluids  
Belts and hoses  
Components

### STEP 2: Left Side of Cab Area

Left front wheel  
Left front suspension  
Left front brake

### STEP 3: Front of Cab Area

Front axle  
Condition of Steering system  
Windshield  
Light and reflectors

### STEP 4: Right Side of Cab Area

All items as done on left side of cab area

### STEP 5: Fuel tank(s) Visible parts

### STEP 6: Trailer Front Area

Air and electrical lines and connections  
Lights and reflectors

### STEP 7: Right Rear Tractor Wheels Area

Dual wheels  
Suspension Tandem axles  
Brakes

### STEP 8: Rear of Tractor Area

Frame and cross members  
Lights and reflectors  
Air and electrical lines and connections

### STEP 9: Coupling System Area

Fifth-wheel (lower)  
Fifth-wheel (upper)  
Sliding fifth-wheel  
Air and electrical lines and connections

### STEP 10: Right Side of Trailer Area

Front trailer support (landing gear or dollies)  
Spare tire(s) Lights and reflectors  
Frame and body

### STEP 11: Right Rear Trailer Wheels Area

Dual tires  
Suspension  
Tandem axles  
Brakes

### STEP 12: Rear of Trailer Area

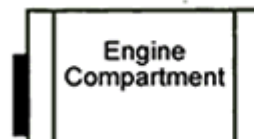
Lights and reflectors  
Cargo securement

### STEP 13: Left Rear Trailer Wheels Area

### STEP 14: Left Side of Trailer Area

### STEP 15: Left Saddle Tank Area

Headlights, Signal and  
Clearance Lights



Front Suspension

Front Wheel

Front Brake

Start Engine

Cab Area

Saddle Tank Area

Coupling System

Rear Tractor Wheels

Suspension

Brakes

Side of Trailer

Trailer Wheels

Suspension

Brakes

Signal, Brake, and  
Clearance Lights



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

© Copyright 1992 by F. J. Kelly, Inc. All Rights Reserved. Printed in the U.S.A. Printed in the U.S.A. Printed in the U.S.A.

# BIT PROGRAM TRUCK/TRACTOR/TRAILER INSPECTION AND MAINTENANCE RECORD

DATE: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_  
 LESSOR/CONTRACTOR: \_\_\_\_\_  
 VEHICLE: \_\_\_\_\_  
 MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_  
 INSPECTION: \_\_\_\_\_  
 REPORT NO.: \_\_\_\_\_  
 ODOMETER READING: \_\_\_\_\_

Indicate completion of the repair. Item is ok or not applicable (N/A) work is completed (C) type of work completed (S) (A) (O) or (N) or (L) or (R) (R) Replace or Rebuild, (T) Test, (R) Repair, (S) Satisfactory, (A) Adjust, (O) Oil or Grease, (N) Not, (L) Lubricate, (R) Repair.

| ITEM                                                | TRUCK/TRACTOR/TRAILER | ITEM                                          | TRUCK/TRACTOR/TRAILER |
|-----------------------------------------------------|-----------------------|-----------------------------------------------|-----------------------|
| <b>INTERIOR AND EXTERIOR</b>                        |                       |                                               |                       |
| 1. Tire condition and tread depth - marked          |                       | 39. Light stop, tail, turn, parking           |                       |
| 2. Horn, bellows, hoses and connections             |                       | 40. Air lines - body system                   |                       |
| 3. Mirrors and supports                             |                       | 41. Air lines - engine system                 |                       |
| 4. Windshield wipers - blades, tracks, condition    |                       | 42. Grunko body and sub frame                 |                       |
| 5. Check all door-latch hinges - adjust, oil, etc.  |                       | 43. Brake - adjust, check, replace, condition |                       |
| 6. Check electrical wiring - condition and location |                       | 44. Springs - U bolts - torque arm            |                       |
| 7. Check electric power windows and doors           |                       | 45. Drive shaft - hub and axle - condition    |                       |
| 8. Wash, clean, wax, oil, grease, etc.              |                       | 46. Hill wheel on pull-out                    |                       |
| <b>ENGINE AND ELECTRIC</b>                          |                       | 47. Check wheel on pull-out                   |                       |
| 9. Fuel filter and water filter - condition, leaks  |                       | 48. Check wheel on pull-out                   |                       |
| 10. Belts - compressor, fan and water pump          |                       | 49. Check wheel on pull-out                   |                       |
| 11. Air lines - leaks, condition and protection     |                       | 50. Check wheel on pull-out                   |                       |
| 12. Fuel filter - condition and protection          |                       | 51. Check wheel on pull-out                   |                       |
| 13. Water filter - condition and protection         |                       | 52. Check wheel on pull-out                   |                       |
| 14. Engine - oil, oil filter, oil pan               |                       | 53. Check wheel on pull-out                   |                       |
| 15. Oil filter - condition and protection           |                       | 54. Check wheel on pull-out                   |                       |
| 16. Oil pan - condition and protection              |                       | 55. Check wheel on pull-out                   |                       |
| 17. Oil filter - condition and protection           |                       | 56. Check wheel on pull-out                   |                       |
| 18. Oil pan - condition and protection              |                       | 57. Check wheel on pull-out                   |                       |
| <b>PRODUCTS / PARTS USED</b>                        |                       |                                               |                       |
| LUBRICANTS                                          |                       |                                               |                       |
| Grease - 100                                        |                       |                                               |                       |
| Oil - 100                                           |                       |                                               |                       |
| Gear Lube - 100                                     |                       |                                               |                       |
| Chassis Lube - 100                                  |                       |                                               |                       |
| F. Lube - 100                                       |                       |                                               |                       |
| Anti-rust - 100                                     |                       |                                               |                       |
| Drake Blue - 100                                    |                       |                                               |                       |
| Hydraulic Fluid - 100                               |                       |                                               |                       |
| F. Lube - 100                                       |                       |                                               |                       |
| Oil Filter - 100                                    |                       |                                               |                       |
| Air Filter - 100                                    |                       |                                               |                       |
| Fuel Filter - 100                                   |                       |                                               |                       |
| <b>PARTS &amp; ACCESSORIES</b>                      |                       |                                               |                       |
| Description Qty Cost                                |                       |                                               |                       |
| TOTAL COST SUMMARY                                  |                       |                                               |                       |
| Labor Cost: Time \$ hr \$                           |                       |                                               |                       |
| Materials & Parts Cost \$                           |                       |                                               |                       |
| Parts & Accessories Cost \$                         |                       |                                               |                       |
| TOTAL COST \$                                       |                       |                                               |                       |
| REMARKS (use reverse side if needed)                |                       |                                               |                       |
| Worked Completed by _____ Date _____                |                       |                                               |                       |
| Inspected by _____ Date _____                       |                       |                                               |                       |
| Total Time _____ Hours _____ Minutes                |                       |                                               |                       |

MAINTAIN A TWO-YEAR RECORD OF INSPECTION AND MAINTENANCE RECORDS

ORIGINAL

2004-S-001



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

| MEDICAL EXAMINER'S CERTIFICATE                                                                                                                                                                                                        |                                                                                                            |                                                                                                                                          |                      |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------|
| I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when: |                                                                                                            |                                                                                                                                          |                      |       |
| <input type="checkbox"/> wearing corrective lenses                                                                                                                                                                                    | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)                           |                                                                                                                                          |                      |       |
| <input type="checkbox"/> wearing hearing aid                                                                                                                                                                                          | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)                   |                                                                                                                                          |                      |       |
| <input type="checkbox"/> accompanied by a _____ waiver/exemption                                                                                                                                                                      | <input type="checkbox"/> qualified by operation of 49 CFR 391.64                                           |                                                                                                                                          |                      |       |
| The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.                 |                                                                                                            |                                                                                                                                          |                      |       |
| SIGNATURE OF MEDICAL EXAMINER                                                                                                                                                                                                         | TELEPHONE                                                                                                  | DATE                                                                                                                                     |                      |       |
| MEDICAL EXAMINER'S NAME (PRINT)                                                                                                                                                                                                       | <input type="checkbox"/> MD<br><input type="checkbox"/> DO<br><input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Chiropractor<br><input type="checkbox"/> Advanced Practice Nurse<br><input type="checkbox"/> Other Practitioner |                      |       |
| MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE                                                                                                                                                                           | NATIONAL REGISTRY NO.                                                                                      |                                                                                                                                          |                      |       |
| SIGNATURE OF DRIVER                                                                                                                                                                                                                   | INTRASTATE ONLY<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO                             | CDL<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                       | DRIVER'S LICENSE NO. | STATE |
| ADDRESS OF DRIVER                                                                                                                                                                                                                     |                                                                                                            |                                                                                                                                          |                      |       |
| MEDICAL CERTIFICATION EXPIRATION DATE                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                          |                      |       |
| DQF45 LABELMASTER® (800) 621-5808 www.labelmaster.com                                                                                                                                                                                 |                                                                                                            |                                                                                                                                          |                      |       |





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## Driver Daily Log

| DRIVER'S DAILY LOG<br>(One Calendar Day - 24 Hours)                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | RECAP                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------------------------------|--|
| <div><div></div><div>I certify these entries are true and correct</div><div>DRIVER NAME (Print) _____ DRIVER SIGNATURE _____</div><div>CO-DRIVERS NAME (Print) _____ CO-DRIVERS SIGNATURE _____</div><div>5020 - 51 Avenue, Whitecourt, AB T7S 1N8<br/>(Home Terminal Address)</div></div> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Day No. _____                                                |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Driving Hrs. Today<br>Total Line 3 _____                     |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Driving Violation<br>Today _____                             |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | On Duty Hrs.<br>Today Total _____                            |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 70 Hr/8<br>Day Drivers _____                                 |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | A. _____                                                     |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Hrs. On Duty<br>Last 7 Days<br>Incl. Today _____       |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | B. _____                                                     |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Hrs. Available<br>Tomorrow<br>70 Hrs. Minus A _____    |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | C. _____                                                     |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Hrs. On Duty<br>Last 8 Days<br>Incl. Today _____       |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 60 Hr/7<br>Day Drivers _____                                 |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | A. _____                                                     |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Hrs. On Duty<br>Last 6 Days<br>Incl. Today _____       |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | B. _____                                                     |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Hrs.<br>Available<br>Tomorrow<br>60 Hrs. Minus A _____ |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | C. _____                                                     |  |
|                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Hrs<br>On Duty<br>Last 7 Days<br>Incl. Today _____     |  |

REMARKS

COMMENTS:

Record Shipping document, Manifest number, or Name of a Shipper and Commodity.  
Check the time and enter name of place you reported and where released from work and when and where each change of duty occurred. Explain excess hours.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Starting Point or Place) (Destination or Turn Around Point or Place)

USE TIME STANDARD AT HOME TERMINAL



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915



### COMMERCIAL EMPLOYER PULL NOTICE ENROLLMENT OR DELETION OF DRIVERS

Department of Motor Vehicles  
Information Services Branch  
Employer Pull Notice—P255  
P.O. Box 8-1231  
Sacramento, CA 95244-2012

CHECK ONLY ONE PROCESS PER FORM  
☐ ENROLL ☐ DELETE

Please type or print in ink

|                                                      |       |                |      |
|------------------------------------------------------|-------|----------------|------|
| EMPLOYER                                             |       | REQUESTER CODE | DATE |
| CURRENT ADDRESS                                      |       | TELEPHONE      |      |
| CITY                                                 | STATE | ZIP CODE       |      |
| SIGNATURE OF PERSON AUTHORIZED TO REPRESENT EMPLOYER |       |                |      |

#### CLASS LICENSE

A - Class A      B/P - Class B with passengers (Charter-Party)      C/S - Class C with Special Certificates  
B - Class B      C/H - Class C with Hazardous Materials Endorsement      C/P - Class C with PUC permit issued

| CALIFORNIA DRIVER LICENSE OR<br>TEMPORARY "X" NUMBER | DRIVER'S<br>LAST NAME ONLY | CLASS<br>LICENSE | "REMARKS" FOR YOUR USE<br>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) |
|------------------------------------------------------|----------------------------|------------------|---------------------------------------------------------------------------------------------|
| 1)                                                   |                            |                  |                                                                                             |
| 2)                                                   |                            |                  |                                                                                             |
| 3)                                                   |                            |                  |                                                                                             |
| 4)                                                   |                            |                  |                                                                                             |
| 5)                                                   |                            |                  |                                                                                             |
| 6)                                                   |                            |                  |                                                                                             |
| 7)                                                   |                            |                  |                                                                                             |
| 8)                                                   |                            |                  |                                                                                             |
| 9)                                                   |                            |                  |                                                                                             |
| 10)                                                  |                            |                  |                                                                                             |
| 11)                                                  |                            |                  |                                                                                             |
| 12)                                                  |                            |                  |                                                                                             |
| 13)                                                  |                            |                  |                                                                                             |
| 14)                                                  |                            |                  |                                                                                             |
| 15)                                                  |                            |                  |                                                                                             |

TOTAL DRIVERS ADDED (A fee ENROLLMENT FEE FOR EACH DRIVER WILL BE BILL TO YOUR A/C.B.S. ACCOUNT)

TOTAL DRIVERS DELETED (NO FEE)

#### FOR ENROLLMENT ONLY:

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
The driver(s) listed above are (1) mandated for enrollment under California Vehicle Code §19251 OR (2) have signed an Authorization for Release of driver Personal Information Form (DMV 1103) or consent document with simple language AND are currently in an employer/employee relationship AND frequently drive during the course of their employment.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
**X**

PRINT NAME AND TITLE \_\_\_\_\_

To obtain additional forms and information please visit our website at: <http://www.dmv.ca.gov/vehindustry/epn/epngetinfo.htm>

8/11/11 12:00 PM 10/11/11



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## Permits:

- California Motor Carrier Application
  - Before submitting the Motor Carrier application, you must first fill out the CHP form for vehicles that weight 10,000 GVW and over. Approximate wait time through mail is 1-2 weeks or you can visit a CHP office and get one instantly.

[CHP Form- Click Here](#)

[Motor Carrier Permit Forms- Click Here](#)

- CA IFTA Website
  - Register your business, IFTAs, Fuel, Decals and pay taxes.

[CA Board of Equalization- Click Here](#)

- Department of Toxic Substances Control
  - Permit for hauling dirty dirt.

[CA Dept of Toxic Substances Website- Click Here](#)

Forms Needed:

[DTSC Form 1871 - Click Here](#) and

[DTSC MCS90 Form- Click Here](#)

For Questions, contact Teri Patterson 916-255-1772

- New Mexico Filing
  - [New Mexico E-Filing Service- Click Here](#)
- Kentucky State Permit
  - [Kentucky State Permit- Click Here](#)





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## **Alcohol and Drug Rules**

Who is Affected By These Rules?

- Anyone who owns/leases commercial motor vehicles
- Anyone who assigns drivers to operate commercial motor vehicles
- Federal, State and Local governments
- For-Hire and Private Motor Carriers
- Civic Organizations
- Churches

What Alcohol Use Is Prohibited?

Alcohol is a legal substance; therefore the rules define specific prohibited alcohol-related conduct.

Performance of safety-sensitive function is prohibited:

- While using alcohol
- While having a breath alcohol concentration of 0.04 percent or greater as indication by an breath test
- Within four hours after using alcohol

In addition, refusing to submit to an alcohol test or using alcohol within eight hours after an accident or until tested (for drivers required to be tested) are prohibited.

Required Alcohol Tests:

- Post-accident
- Reasonable suspicion
- Random
- Return to duty and follow up

Drugs Tested For:

- Marijuana
- Cocaine
- Amphetamines
- Opiates (including Heroin)
- Phencyclidine (PCP)

All drug use is prohibited while both on or off duty.

Driver alcohol and drug testing records are confidential and may be released only to the employer and the substance abuse professional. Exceptions to these confidentiality provisions are limited to a decision maker in arbitration, litigation or administrative proceedings arising from a positive drug test. Statistical records and reports are maintained by employers and drug testing laboratories. This information is aggregated data and is used to monitor compliance with the rules and to assess the effectiveness of the drug testing programs.



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

For assistance with the procedures of how to conduct an alcohol or drug test contained in Part 40, contact:

Office of the Secretary of Transportation  
Office of Drug and Alcohol Program Compliance,  
Room 10317  
400 Seventh Street, S.W.  
Washington, D.C. 20590  
(202) 366-3784

<http://www.fmcsa.dot.gov/safety-security/safety-initiatives/drugs/engtesting.htm>





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## HOUSEHOLD GOODS MOVERS

Household Goods movers are a specialized business that generally must obtain State permits and comply with the various State requirements. This is a business to consumer type of operation and care must be taken with communication, documentation and the transportation of other people's belongings.

Below listed are the links for each state where you can obtain information and permits to operate as a Household Goods Mover.

Insurance is also specialized and it is a wise decision to select an insurance broker who understands the details and specifics of moving and storage operations.

| State       | Licensing Required                                                     | U.S. DOT Required? | Website                                                                                                   |
|-------------|------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------|
| Alabama     | APSC Number; must file rates with state PSC                            | YES                | <a href="http://www.psc.state.al.us/">http://www.psc.state.al.us/</a>                                     |
| Alaska      | N/A                                                                    | YES                | <a href="http://www.dot.state.ak.us/">http://www.dot.state.ak.us/</a>                                     |
| Arizona     | Must declare vehicle gross weight to the state DOT                     | YES                | <a href="http://www.dot.state.az.us/">http://www.dot.state.az.us/</a>                                     |
| Arkansas    | Must have a Bingo Stamp                                                | NO                 | <a href="http://www.arkansashighways.com/">http://www.arkansashighways.com/</a>                           |
| California  | CPUC Number                                                            | NO                 | <a href="http://www.dot.ca.gov/">http://www.dot.ca.gov/</a>                                               |
| Colorado    | HHG license for household goods and PRC license as a property carrier  | YES                | <a href="http://www.dot.state.co.us/">http://www.dot.state.co.us/</a>                                     |
| Connecticut | CPTC Number                                                            | NO                 | <a href="http://www.ct.gov/dot/site/default.asp">http://www.ct.gov/dot/site/default.asp</a>               |
| Delaware    | Permit proving vehicle registration                                    | NO                 | <a href="http://www.deldot.gov/">http://www.deldot.gov/</a>                                               |
| Florida     | IM Number for local movers; MV and MR Numbers for long-distance movers | YES                | <a href="http://www.psc.state.fl.us/">http://www.psc.state.fl.us/</a>                                     |
| Georgia     | GPSC Number                                                            | YES                | <a href="http://www.dot.state.ga.us/Pages/default.aspx">http://www.dot.state.ga.us/Pages/default.aspx</a> |
| Hawaii      | PUC Number                                                             | NO                 | <a href="http://hawaii.gov/dot">http://hawaii.gov/dot</a>                                                 |
| Idaho       | State registration with Idaho DOT                                      | NO                 | <a href="http://www.itd.idaho.gov/">http://www.itd.idaho.gov/</a>                                         |



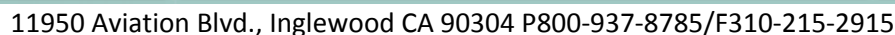
11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

|                |                                                                                 |     |                                                                                                     |
|----------------|---------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------|
| Illinois       | ILCC Number                                                                     | NO  | <a href="http://www.dot.state.il.us/">http://www.dot.state.il.us/</a>                               |
| Indiana        | IHGC Number                                                                     | YES | <a href="http://www.in.gov/indot/">http://www.in.gov/indot/</a>                                     |
| Iowa           | IOWAMC Number                                                                   | YES | <a href="http://www.iowadot.gov/">http://www.iowadot.gov/</a>                                       |
| Kansas         | MCID Number                                                                     | YES | <a href="http://www.ksdot.org/">http://www.ksdot.org/</a>                                           |
| Kentucky       | KYU Number, KIT Number & IFTA license                                           | YES | <a href="http://transportation.ky.gov/">http://transportation.ky.gov/</a>                           |
| Louisiana      | Common Carrier Certificate and a Bingo Stamp                                    | NO  | <a href="http://www.dotd.louisiana.gov/">http://www.dotd.louisiana.gov/</a>                         |
| Maine          | N/A                                                                             | YES | <a href="http://www.maine.gov/mdot/">http://www.maine.gov/mdot/</a>                                 |
| Maryland       | N/A                                                                             | YES | <a href="http://www.mdot.state.md.us/">http://www.mdot.state.md.us/</a>                             |
| Massachusetts  | MDPU Number                                                                     | NO  | <a href="http://www.mhd.state.ma.us/">http://www.mhd.state.ma.us/</a>                               |
| Michigan       | MPSC Number                                                                     | YES | <a href="http://www.michigan.gov/mdot/">http://www.michigan.gov/mdot/</a>                           |
| Minnesota      | MNDOT Number                                                                    | YES | <a href="http://www.dot.state.mn.us/">http://www.dot.state.mn.us/</a>                               |
| Mississippi    | MSPC Number                                                                     | NO  | <a href="http://www.gomdot.com/Home/Home.aspx">http://www.gomdot.com/Home/Home.aspx</a>             |
| Missouri       | MODOT Number                                                                    | YES | <a href="http://www.modot.mo.gov/">http://www.modot.mo.gov/</a>                                     |
| Montana        | PSC Number                                                                      | YES | <a href="http://www.mdt.mt.gov/">http://www.mdt.mt.gov/</a>                                         |
| Nebraska       | Form A (for household goods movers) and Form H (for cargo movers and insurance) | NO  | <a href="http://www.dor.state.ne.us/">http://www.dor.state.ne.us/</a>                               |
| Nevada         | CPCN Number                                                                     | NO  | <a href="http://www.nevadadot.com/">http://www.nevadadot.com/</a>                                   |
| New Hampshire  | NHPC Number                                                                     | NO  | <a href="http://www.nh.gov/dot/">http://www.nh.gov/dot/</a>                                         |
| New Jersey     | NJPC or NJPM Number                                                             | NO  | <a href="http://www.state.nj.us/transportation/">http://www.state.nj.us/transportation/</a>         |
| New Mexico     | PRC Number                                                                      | NO  | <a href="http://www.nmshtd.state.nm.us/">http://www.nmshtd.state.nm.us/</a>                         |
| New York       | NYDOT Number                                                                    | YES | <a href="https://www.nysdot.gov/index">https://www.nysdot.gov/index</a>                             |
| North Carolina | NCUC-C Number                                                                   | NO  | <a href="http://www.ncdot.org/">http://www.ncdot.org/</a>                                           |
| North Dakota   | ND State Number                                                                 | NO  | <a href="http://www.dot.nd.gov/">http://www.dot.nd.gov/</a>                                         |
| Ohio           | PUCO Number                                                                     | YES | <a href="http://www.dot.state.oh.us/Pages/Home.aspx">http://www.dot.state.oh.us/Pages/Home.aspx</a> |
| Oklahoma       | Intrastate license with PIN                                                     | YES | <a href="http://www.okladot.state.ok.us/">http://www.okladot.state.ok.us/</a>                       |



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

|                |                                  |     |                                                                                                   |
|----------------|----------------------------------|-----|---------------------------------------------------------------------------------------------------|
| Oregon         | CAHG Number                      | YES | <a href="http://www.oregon.gov/ODOT/">http://www.oregon.gov/ODOT/</a>                             |
| Pennsylvania   | PUC Number                       | NO  | <a href="http://www.dot.state.pa.us/">http://www.dot.state.pa.us/</a>                             |
| Rhode Island   | N/A                              | NO  | <a href="http://www.dot.state.ri.us/">http://www.dot.state.ri.us/</a>                             |
| South Carolina | SCP-SC Number                    | YES | <a href="http://www.dot.state.sc.us/">http://www.dot.state.sc.us/</a>                             |
| South Dakota   | N/A                              | YES | <a href="http://www.sddot.com/">http://www.sddot.com/</a>                                         |
| Tennessee      | Bingo Stamp for interstate moves | YES | <a href="http://www.tdot.state.tn.us/">http://www.tdot.state.tn.us/</a>                           |
| Texas          | TXDOT Number                     | NO  | <a href="http://www.txdot.gov/">http://www.txdot.gov/</a>                                         |
| Utah           | N/A                              | YES | <a href="http://www.udot.utah.gov/">http://www.udot.utah.gov/</a>                                 |
| Vermont        | N/A                              | NO  | <a href="http://www.aot.state.vt.us/">http://www.aot.state.vt.us/</a>                             |
| Virginia       | VA DMV Permit                    | NO  | <a href="http://viriniadot.org/default_noflash.asp">http://viriniadot.org/default_noflash.asp</a> |
| Washington     | WTC Number                       | YES | <a href="http://www.wsdot.wa.gov/">http://www.wsdot.wa.gov/</a>                                   |
| West Virginia  | WVCPCN Number                    | YES | <a href="http://www.wvdot.com/">http://www.wvdot.com/</a>                                         |
| Wisconsin      | LC Number                        | YES | <a href="http://www.dot.state.wi.us/">http://www.dot.state.wi.us/</a>                             |
| Wyoming        | DOC Number                       | YES | <a href="http://www.dot.state.wy.us/wydot/">http://www.dot.state.wy.us/wydot/</a>                 |



|                                                   |                                                                                          |                                                       |                                    |
|---------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------|
| 24/7 Express Logistics, Inc.<br>48 Express Inc.   | 1610 Vernon St North Kansas City, MO 64116<br>P.O. BOX 403 Alpharetta, GA 30004          | F: 816-471-5999<br>F: 770-663-4259<br>F: 541-779-9085 |                                    |
| Abba Freight Systems LLC                          | 1600 Skypark Dr., Ste 103 Medford, OR 97504                                              | F: 866-613-8343                                       |                                    |
| Access America Transport                          | 2515 E 43rd St. Suite B Chattanooga, TN 37407                                            | F: 310-518-7830                                       | T: 310-518-7825                    |
| Ace Freight Service, Inc.                         | 829 Pioneer Ave Wilmington, CA 90744                                                     | F:224-515-7154                                        |                                    |
| AFN LLC                                           | 7230 N Caldwell Ave Niles, IL 60714                                                      |                                                       |                                    |
| Aggressive Transportation<br>International , Inc. | P.O. BOX 97772 Phoenix , AZ 85060                                                        | F: 602-667-9933                                       | T:1-800-663-4690                   |
| Aggressive Transportation<br>International , Inc. | P.O. BOX 97772 Phoenix , AZ 85060                                                        | F: 602-667-9933                                       | T:1-800-663-4690                   |
| All American Logistics                            | P.O. Box 5309 Pleasanton, CA 94566                                                       |                                                       | T: 866-577-3311                    |
| Allen Lund Company                                | P.O. Box 1369 La Canada, CA 91012                                                        | F: 888-518-5863                                       |                                    |
| All Modes Transport, LLC                          | 22162 W .177th Terrace Olathe, KS 66062                                                  | F:949-528-2591                                        | T: 913-674-4760                    |
| All Pro Freight Systems, Inc                      | 1200 Chester Industrial Pkwy Avon, OH 44011                                              | F: 440-934-2255                                       | T: 440-934-2222                    |
| All Points Logistics, Inc                         | 6550 E 30th Street #150 Indianapolis, IN 46219                                           | F: 317-544-1472                                       | T317-544-1484                      |
| All State Truck Lines, Inc.                       | 9449 DeSoto Ave., Chatsworth, CA 91311                                                   | F: 888-882-1492                                       | T: 818-775-4525                    |
| Alliance Shipper, Inc.                            | 15515 S.70th Court OrlandPark, IL 60462                                                  | F: 708-802-7000                                       | T: 800-883-7447                    |
| All-Ways Trucking Inc                             | 3639 Aviation Way Medford, OR 97504                                                      | F: 541-608-6521                                       | T: 541-779-9295                    |
| Alliance Transportation, Inc.                     | 5990 Stoneridge Dr., Pleasanton, CA 94588                                                | F: 925-251-0801<br>F: 716-646-8400                    | T: 925-621-2270<br>T: 866-646-8500 |
| American Freight Haulers Inc                      | 40 Parkman Trail, Covington, GA 30016                                                    | F: 631-385-9312                                       | T: 631-385-1510                    |
| American FreighCarrier Services, Inc              | 77 Arkay Drive, Hauppauge, NY 11788<br>10845 Rancho Bernardo Rd #100 San Diego, CA 92127 | F: 858-217-3323                                       | T: 866-326-5902                    |
| American Freightways L.P.                         | 1316 Brown Trail Bedford , TX 76022                                                      | F: 817-285-8540                                       | T: 817-545-0566                    |
| Ameritrans Inc.                                   | 837 Ave Z Brooklyn, NY 11235                                                             | F: 908-859-8526                                       | T:908-289-3900                     |
| American Logistical Freight Brokers               | 158 Paris St Newmark, NJ 07105                                                           | F: 973-589-3838                                       | T: 973-589-0101                    |
| American Linehaul Corporation                     | 4856 Interstate 30 West Caddo Mills, TX 75135                                            | F: 903-527-4751                                       | T: 866-231-3522                    |
| American National Diversified Inc.                | 1316 Brown Trail Bedford , TX 76022                                                      | F: 817-285-8540                                       | T: 817-545-0566                    |
| Ameritrans Inc.                                   | 2775 Cruse Rd., Ste 401 Lawrenceville, GA 30044                                          | F: 954-985-8387                                       | T: 770-270-1234                    |
| American Transportation Systems, Inc.             | 6441 S.W. Canyon CT., Ste 280 Portland, OR 97221                                         | F:503-291-0255                                        | T:503-291-0202                     |
| American Transportation Logistics<br>Services.Inc | 223 NE Loop 820, Suite 101, Hurst, TX 76053                                              | F: 817-595-8950                                       | T: 800-304-3360                    |
| Amino Transport , Inc                             | P.O. Box 508, Olney ,IL 62450                                                            | F: 888-298-6292                                       | T: 618-395-4880                    |
| A. M. Transport Services , Inc                    | 1425 N Maxwell St, Allenton, PA 18103                                                    | F: 610-433-7851                                       | T: 610-443-7651                    |
| Andrews Logistics Inc.                            | 1660 S Amphlett Ste 103 San Mateo, CA 94402                                              | F:650-655-2091                                        | T: 650-655-2089                    |
| Apex Transportation Services LLC                  | 165 E. Chicago St, Elgin, IL 60123                                                       | F: 847-488-1326                                       | T: 847-488-1305                    |
| AR Global Logistics, Inc                          | 1170 James Savage Rd Midland MI 48640                                                    | F: 847-488-1326                                       | T: 989-835-5528                    |
| AR Global Logistics, Inc                          | 13659 Victory Blvd #576, Van Nuys, CA 91401                                              | F: 818-401-0585                                       | T: 818-453-8591                    |
| Assure Assist                                     | 725 Opportunity Drive, St Cloud, MN 56301                                                | F:320-258-2566                                        | T: 320-258-6953                    |
| ATS Logistics Services, Inc                       | 6301 Manchaca Road # J , Austin, TX 78745                                                | F:512-444-9922                                        | T: 512-444-9988                    |
| Austin Freight Systems                            | P.o. Box 3670, Central Point, OR 97502                                                   | F: 541-665-0665                                       | T: 541-774-1100                    |
| B2B Transportation Services, Inc                  | P.o. Box 16862, Atlanta, GA 30321                                                        | F: 404-608-0555                                       | T: 404-608-1300                    |
| Bah Brokerage, Inc                                | 16. South Broadway Suite 5, Wind Gap, PA 18091                                           | F: 610-881-4364                                       | T: 877-633-8780                    |
| Balz, Inc.                                        | 7365 Camelian Street #106, Rancho Cucamonga, CA 91730                                    | F: 909-980-2163                                       | T: 909-980-1163                    |
| Ball Transport Inc                                | 5340 Legacy Dr., Suite 200, Plano, TX 75024                                              | F: 866-484-7086                                       | T: 800-527-5380                    |
| Bear Transportation Services LP                   | 2769 Broadway, Buffalo NY 14227                                                          | F: 716-891-4715                                       | T: 716-891-4040                    |
| Benlin Freight Forward, Inc.                      | 19054 Kenswick Drive, Humble TX 77338                                                    | F: 402-267-0147                                       | T: 281-774-2300                    |
| Bertling Logistics, Inc                           | 14004 Century Lane, Grandview, MO 64030                                                  | F:816-767-8012                                        | T: 877-923-7892                    |
| Best Way Logistics                                | P.O. Box 4340, Fort Worth, TX 76164                                                      | F: 866-596-4926                                       | T: 800-375-9995                    |
| Blakeman Transportation                           |                                                                                          |                                                       |                                    |



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

|                                              |                                                             |                 |                   |
|----------------------------------------------|-------------------------------------------------------------|-----------------|-------------------|
| BNSF Logistics, LLC                          | 4700 S Thompson, Springdale, AR 72764                       | F: 479-972-6216 | T: 479-872-4620   |
| Bowers Trucking                              | P.O. Box 2428, Croville , CA 95966                          | F: 530-534-8878 | T: 800-821-0545   |
| Bridge Logistics Inc                         | 9770 Inter-Ocean Dr., Cincinnati OH 45246                   | F: 513-874-4161 | T: 513-874-7444   |
| Brock Transportation, LLC                    | 4374 Contractors Common                                     | F: 925-371-7036 | T: 925-371-2184   |
| B.T.C. Transport System Inc.                 | 24 Wyckoff Ave Suite B, Waldwick, NJ 07463                  |                 | T: 201-444-6311   |
| Calvary Transportation Service Services, Inc | 3449 Technology Drive, Suite 107 , North Venice, FL 34275   | F: 941-488-4334 | T: 941-488-3344   |
| Capable Transport                            | 3528 Torrance Blvd., Suite 220, Torrance, CA 90503          | F: 310-697-0226 | T: 310-697-01097  |
| Cargo- Master, LLC                           | 12404 Park Central Dr Suite 300S, Dallas, TX 75251          | F: 972-419-3723 | T: 800-683-2100   |
| Cargo Leasing, Inc                           | 536 Westwood Dr., Fairborn, OH 45324                        | F: 937-754-0464 | T: 937-754-0460   |
| Cargo System Inc.                            | 72 Willow St., Wethersfield, CT 06109                       | F: 860-522-8691 | T: 860-724-1968   |
| Cargo Transit                                | P.O. Box 792, Weaverville, NC 28787                         | F: 828-645-9830 | T: 828-645-9828   |
| Cardinal Transportation Solution             | 6290 Mid Rivers Mall Dr., St Charles MO 63304               | F: 636-447-5890 | T: 636-447-4099   |
| Cascade Carrier Group                        | 2550 W. Tyvola Rd., Ste 290, Charlotte, NC 28217            | F: 704-887-5529 | T: 704-887-3597   |
| Cavalry Logistics                            | P.O. Box 2122, Warren, MI 48090                             | F: 615-324-0590 |                   |
| C.E.I. Logistics                             | 3315 Algonquin Road, Rolling Meadows, IL 60008              | F: 847-392-8039 | T: 847-392-8400   |
| Celestial Freight Solutions LLC              | 620 Contra Costa Blvd., Pleasant Hill, CA 94523             | F: 866-266-6248 | T: 925-825-2486   |
| Celadon Logistics Services, Inc.             | 9503 East 33rd Street                                       | F: 866-500-5840 | T: 317-972-7000   |
| Choptank Transport                           | 3601 Choptank Road, Preston, MD 21655                       | F: 443-296-9473 | T: 800-568-2240   |
| Choptank Transport                           | 3601 Choptank Road, Preston, MD 21655                       | F: 443-296-9473 | T: 800-568-2240   |
| C.H. Robinson                                | 14701 Charlson Rd. Suite 1000, Eden Prairie MN, 55347       | F: 952-683-2800 | T: 1-855-229-6128 |
| Circle 8 Logistics, Inc                      | 555 Waters Edge Ln, Suite 225, Lombard IL 60148             | F: 708-667-4665 | T: 708-343-6703   |
| CJR Logistics, Inc.                          | 25 Bond Place, West Caldwell, NJ 07006                      | F: 973-833-0367 | T: 973-403-8812   |
| CJR Logistics, Inc.                          | 25 Bond Place, West Caldwell, NJ 07006                      | F: 973-833-0367 | T: 973-403-8812   |
| Classic Carriers Inc                         | 151 Industrial Parkway, Versailles, OH, 45380               | F: 937-526-5169 | T: 937-526-5100   |
| Clipper Exxpress Company                     | 9014 Heritage Pkwy, Ste 300, Woodbridge, IL 60517           | F: 630-427-3189 | T: 630-739-0700   |
| CL Services                                  | P.O. Box 91955, Atlanta, GA 30364                           | F: 678-686-0935 | T: 678-686-0933   |
| Colonial Freight Brokerage Corp              | 18495 So. Dixie Hwy #247, Miami FL 33157                    | F: 305-238-6767 | T: 800-993-5008   |
| Collier Transportation, Inc.                 | 20371 Patton Street, Gretna, NE 68028                       | F: 402-332-0606 | T: 402-332-0505   |
| Coleman Truck Brokerage                      | 105 Old Hatley Road, Cordele, GA 31015                      | F: 803-441-0018 | T: 229-273-7435   |
| Command Transportation LLC                   | 7500 Frontage Rd., Skokie, IL 60077                         | F: 847-213-2886 | T: 800-511-6111   |
| Contract Freight Services Inc.               | 9716-B Rea Rd #20, Charlotte, NC 28277                      | F: 855-303-8753 | T: 855-434-3375   |
| Convoy Logistics, LLC                        | P.O. Box 1214, Cossett, AR 71635                            | F: 870-364-2398 | T: 870-364-0640   |
| Con-Way Truckload Inc.                       | 4701 E. 32nd Street, Joplin, MO 64804                       | F: 417-782-3723 | T: 417-623-5229   |
| Corporate Traffic , Inc.                     | 2002 Southside Blvd, Jacksonville, FL 32216                 | F: 904-727-6804 | T: 904-727-0051   |
| Coyote Logisitics, LLC                       | 2545 W Diversey Ave 3rd Floor, Lake Forest, IL 60647        | F: 847-295-2828 | T: 847-295-2424   |
| Creative Transportation Service Inc.         | 21001 San Ramon Valley Blvd., San Ramon, CA 94583           | F: 925-362-8030 | T: 925-362-8666   |
| CRST Logistics                               | 3930 16th Avenue SW, Cedar Rapids, IA 52406                 | F: 319-390-2649 | T: 319-396-4400   |
| C.S.D. Express Inc.                          | 3789 Groveport Rd., Obetz, OH 43207                         | F: 614-409-2510 | T: 614-492-1144   |
| CTI Freight Services, LLC                    | 10979 Reed Hartman Hwy Suites 336-338, Cincinnati, OH 45242 | F: 513-697-9444 | T: 513-697-1000   |
| Custom Transport, Inc.                       | 512 Main St. Brookville, IN 47012                           | F: 765-647-3528 | T: 800-338-6288   |
| Dah Logistics                                | 259 Olinger Circle, Wilmington, OH 45177                    | F: 937-382-9118 | T: 937-383-9110   |
| Dart AdvantageLogistics                      | 800 Lone Oak Rd., Eagen, MN 55121                           | F: 651-683-1251 | T: 651-688-2000   |
| Dawson Logistics, Inc.                       | 431 North Vermilion, Danville IL 61832                      | F: 217-442-6987 | T: 217-442-7036   |
| D & B Brokerage, LLC                         | 10012 Cowley Road, Riverview, FL 33568                      | F: 813-671-7195 | T: 813-671-3691   |
| Dedicated Carriers Inc.                      | 4627 Town N Country Blvd, Tampa, FL 33612                   | F: 813-884-8544 | T: 800-315-9878   |
| Delta Express Systems, Inc                   | P.O. Box 907069, Gainesville, GA 30501                      | F: 770-947-5352 | T: 770-983-2551   |
| Dependable Logistics Solutions               | 2555 E. Olympic Blvd, Los Angeles, CA 90023                 | F: 323-526-2289 | T: 323-526-2222   |
| Destination Logistics, LLC                   | 11 Millstone Road, Princeton Juntion, NJ, 08550             | F: 607-716-0008 | T: 609-716-0006   |





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

|                                      |                                                 |                 |                   |
|--------------------------------------|-------------------------------------------------|-----------------|-------------------|
| Digby Transportation Group           | 11900 W 44th Ave, #200 Wheat Ridge, CO 80033    | F: 720-479-8894 | T: 720-389-8469   |
|                                      | 27600 SW 95th Avenue Bldg B, Suite #109,        |                 |                   |
| Direct Transport Inc                 | Wilsonville, OR 97070                           | F: 503-783-2626 | T: 503-783-2600   |
| Diversified Transportation Svs       | 19829 Hamilton Ave. Torrance, CA 90502          | F:310-521-1212  | T: 800-460-8540   |
| D & L Brokerage, LLC                 | 22979 Heimbach Rd., Mendon, MI 49072            | F: 269-496-9705 | T:269-496-5635    |
| D & R Transportation                 | 1927 W 10th St Tyrone, PA 16686                 | F:814-742-9844  | T:814-742-9339    |
| Drug Transport, Inc                  | 1939 Forge Street, Tucker, GA 30084             | F:770-934-6259  | T:770-983-8700    |
| D & S Logistics, Inc                 | 833 Bragg Blvd, Fayetteville, NC 28301          | F:910-429-2174  | T:910-429-2173    |
| East Coast Transport, LLC            | P.O. Box 168 ,Paulsboro, NJ,08066               | F: 856-423-9269 | T:800-257-7877    |
| Echo Global Logistics, Inc.          | 600 W .Chicago Ave. Ste 725, Chicago, IL 60654  | F:888-796-4445  | T: 800-354-7993   |
| ECM Transport LLC                    | 1460 Greensburg Rd. New Kensington, PA 15068    | F: 724-339-8989 | T:724-339-8800    |
| El Hollingsworth & Co DBA Top        |                                                 |                 |                   |
| Worldwide                            | 3039 Airpark Dr., North Flint MI 48507          | F:810-636-2619  | T: 810-233-7331   |
| Elite Express                        | 9201 River Road Pennsauken, NJ 08088            | F:856-663-8173  | T: 856-663-8844   |
| England Logistics                    | 1325 South 4700 West, Salt Lake, UT, 84104      |                 | T: 801-656-4500   |
| Epes Logistics Services, Inc.        | P.O. Box 35884, Greensboro,NC 27425             | F:866-633-9146  | T:336-665-1553    |
| Epson America                        | 3840 Kilroy Airport Way, Long Beach, CA 90806   |                 | T:562-981-3840    |
| ESP Transportation, Inc.             | P.O. Box 592, Burlington VT 05402               | F:888-693-0392  | T: 888-377-5623   |
| Extra Mile,LLC                       | 4295 Harris Hill Road, Buffalo , New York 14221 | F: 716-276-2087 | T: 716-276-2045   |
| F.A.K. Inc.                          | 10885 E. 51st Ave Denver, CO 80239              | F:303-350-1235  | T:800-321-7182    |
| Fare Foods Corp.                     | 208 Cherry Lake Road,DuQuoin, IL 62832          | F:618-542-2396  | T:618-542-2156    |
| Fast Cargo, Inc.                     | 2330 EnTerprise Park.Dr, IN 46218               | F:317-308-6425  | T: 317-472-6411   |
| Fed Ex Truckload Brokerage Inc.      | P.O. Box 5000, Green OH 44232                   | F:877-726-9243  |                   |
|                                      | 25 North Pointe Pkwy Ste.200 Amherst, NY        |                 |                   |
| Fetch Logistics Inc.                 | 14228                                           | F:716-689-9676  | T: 716-689-4556   |
|                                      | 25 North Pointe Pkwy Ste.200 Amherst, NY        |                 |                   |
| Fetch Logistics Inc.                 | 14228                                           | F:716-689-9676  | T: 716-689-4556   |
| Finish Line Transportation,Inc       | 52 Industrial RD., Elizabethtown, PA 17022      | F:717-361-0721  | T:717-361-0249    |
| First Choice Transportation Inc.     | 365 Cloverleaf Circle, Killen AL 34645          | F: 256-757-0274 | T: 256-757-4757   |
| First Source Transport LLC           | 2625 S. Roosevelt St., Ste 101, Tempe, AZ 85282 | F:480-967-7330  | T:480-829-0886    |
| Five Star Logistics                  | 2 Crane Park Dr., Wilbraham, MA 01095           | F:413-596-5072  | T:800-808-3007    |
| Fleming Logistics, Inc               | 1570 Doxsee Terrace, Marco Island, FL 34145     | F:239-393-2225  | T: 239-393-2220   |
| Fleet Service, Inc.                  | 140 Everett Ave, Newark, OH 43055               | F:740-322-6384  | T: 740-345-4149   |
| <b>FLS Transportation Services</b>   | <b>6450 Roberts St #355, Burnaby, BC</b>        |                 |                   |
| Forrest Transportation Service       |                                                 |                 |                   |
| Incorporated                         | 2027 W. Ashland Ave, Visalia, CA 93277          | F: 559-622-1889 | T: 559-622-1870   |
| Forest Transportation Service, Inc.  | 2027 W. Ashland Ave, Visalia, CA 93277          | F: 559-622-1889 | T: 559-622-1870   |
| Four Towers Logistics                | 7100 N.W. 12 Street, Miami, FL 33126            | F:866-859-9768  | T:305-513-3324    |
| Fox Logistics                        | 389 Ojibway Path, Lino Lakes, MN 55014          | F:651-483-0703  | T: 651-483-0600   |
| Fox Logistics                        | 389 Ojibway Path, Lino Lakes, MN 55014          | F:651-483-0703  | T: 651-483-0600   |
|                                      | 3340 Greens Rd. Blvd A Ste 620, Houston, TX     |                 |                   |
| Freight Connection                   | 77032                                           | F: 281-219-7304 | T: 281-219-7300   |
| Freight For Less Consolidators, Inc. | 5470 E Beverly Blvd., Los Angeles, CA 90022     | F: 323-722-0505 | T: 323-722-0707   |
| Freightquote                         | 16025 W. 113th St., Lenexa, KS 66219            | F:913-310-7503  | T:800-323-5441    |
| Freight Logistics, Inc.              | 1950 S Rosemary., Denver, CO 80231              | F: 720-377-9463 | T: 720-377-9460   |
| Freight Management Inc.              | 739 W. North Ave., Glendale Heights, IL 60139   | F: 630-259-8626 | T: 630-627-6560   |
| Freight Tec Management Group, Inc.   | P.O. Box 1349, Bountiful, UT 84001              | F: 866-229-4634 | T: 801-298-7722   |
| Freight Value, Inc.                  | 3801 Old Greenwood Rd., Fort Smith, AR 72903    | F: 479-494-6800 | T: 1-877-279-8090 |
| Front Range Cartage, Inc.            | 4201 E 52nd Avenue, Commerce City, CO 80022     | F:303-327-8890  | T: 303-292-6222   |
| FSP Inc.                             | 116 S. Acantilado Dr., St. George, UT 84790     | F:435-256-6750  | T: 801-568-7772   |
| Gateway Logistics                    | 6864 Susquehanna Trail South, York, PA 17403    | F: 717-428-0295 | T: 1-800-338-8017 |
| G.L.G.H.                             | P.O. Box 4150, Edinburg, TX 78540               | F: 956-383-0152 | T: 800-972-3081   |
| Global Tranz, LLC                    | 5415 E High St. Suite 460, Phoenix, AZ 85054    | F: 623-209-0093 | T: 1-866-275-1407 |
| Global Shipping Services             | 1121 Bristol Rd, Mountainside, NJ 07092         | F: 908-232-0054 | T:908-232-0505    |
| Global Transport Inc.                | 5541 West 164th Street, Brook Park, OH 44142    | F: 216-426-1132 | T: 216-431-0694   |
| Global Transport Logisitics, Inc     | 208 Harrisotown Rd,Glen Rock, NJ 07452          | F:201-251-7339  | T: 201-251-7333   |
| Global Transport Logistics Inc       | 208 Harrisotown Rd,Glen Rock, NJ 07452          | F:201-251-7339  | T: 201-251-7333   |
| GMI Transportation Inc               | 211 Overlook Dr, Ste 5, Sewickley, PA 15143     | F:559-271-9288  | T:412-749-0110    |





11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

|                                       |                                                    |                 |                   |
|---------------------------------------|----------------------------------------------------|-----------------|-------------------|
| Gold Bond Transport, Inc              | 249 Fox Ridge Ct, De Pere, WI 54115                | F: 920-632-7357 | T: 920-632-7342   |
|                                       | 2150 Cabot Boulevard West, Langhorne, PA           |                 |                   |
| Greatwide Dallas mavis, LLC           | 19047                                              | F:888-344-0902  | T: 800-283-9700   |
| HA Logistics, Inc.                    | 5175 Johnson., Dr Pleasanton,CA 94588              | F:925-251-9333  | T:800-449-5778    |
|                                       | 1525 NW 3rd St., Ste 21, Deerfield Beach, FL       |                 |                   |
| Harte Hanks Logistics                 | 33442                                              | F: 954-570-1106 | T: 954-429-3771   |
| Harris Transport Company              | P.O. Box 529, Monroe< NC 28111                     | F: 704-296-9067 | T:704-289-5447    |
| Heyl Logistics LLC                    | P.O. Box 90410, Sioux Falls, SD, 57109             | F:509-248-9818  | T: 605-336-6898   |
| Hogan Logistics, Inc.                 | 1000 North 14th St, St. Louis, MO 63106            | F: 314-344-8168 | T: 314-421-6000   |
|                                       |                                                    | F: 1-888-295-   |                   |
| Houg Special Services, Inc.           | 5333 E. 58th Avenue, Commerce City, CO 80022       | 4684            | T: 1-888-293-4684 |
|                                       | 3050 Highland Pkwy Suite 100, Downers Grove,       |                 |                   |
| Hub Group, Inc                        | IL 60515                                           | F: 630-964-6475 | T:630-271-3600    |
| International Commodity Carriers Inc. | 2090 Commerce Dr.,Medford, OR 97504                | F:541-282-1048  | T:541-734-9141    |
|                                       | 7800 Metro Pkwy Ste 300, Bloomington, MN           |                 |                   |
| InterCity Direct LLC                  | 55425                                              | F: 952-814-1110 | T: 952-851-0075   |
| Interstate Logistics Systems, Inc.    | 720 Highway 414 Mountain View, WY 82939            | F: 307-782-3610 | T: 307-782-7779   |
| Integrity Logistics, Inc.             | P.O. Box 2867, Wilsonville, OR 97070               | F: 503-582-4455 | T: 503-582-4400   |
| Integrated Logistics Services Inc.    | P.O. Box 477, Wooster, OH 44691                    | F: 330-264-1422 | T: 1-877-398-7722 |
| Interstate Logistics Systems, Inc.    | 720 Highway 414 Mountain View, WY 82939            | F: 307-782-3610 | T: 307-782-7779   |
| Interstate 48 Transportation LLC      | 11501 Dublin Blvd., # 200, Dublin, CA 94568        | F:925-558-2732  | T: 925-558-2762   |
| Interstate Transport, Inc.            | 324 First Avenue North, St. Petersburg, FL 33701   | F: 727-894-9999 | T: 866-281-1281   |
| J & J Logistics Corp.                 | 16240 Foster Stree, Stillwell, KS 66085            | F: 913-387-0148 | T: 913-387-0158   |
| Jacobson Logistics Company LC         | P.O. Box 224, Des Moines, IA 50308                 | F: 717-731-1910 | T: 1-800-636-6171 |
| J & A Freight Systems, Inc.           | 4704 W. Irving Park Rd., Chicago,IL 60641          | F:773-205-7725  | T: 877-668-3378   |
| James River Logistics, Inc,           | P.O. Box 1942, Midlothian, VA 23113                | F: 800-344-5249 | T: 804-763-4644   |
| J.B. Hunt Transport, Inc              | P.O. Box 1745, Lowel, AR 72745                     | F:479-820-7121  | T: 800-643-3622   |
| JB Hunt Transport                     | P.O. Box 1745, Lowel, AR 72745                     | F:479-820-7121  | T: 800-643-3622   |
| J & C Stringer trucking Inc.          | 1490 N Woodcock St, Macon IL 62544                 | F: 217-764-3612 | T: 217-764-3396   |
|                                       | 450 Shrewsbury Plaza, #112, Shrewsbury, NJ         |                 |                   |
| JGB Logistics LLC                     | 07702                                              | F: 609-655-1520 | T: 609-655-1422   |
| J & J Transportation Consultants      | 11400 Plantside Drive, Louisville, KY 40299        | F: 502-266-5176 | T: 502-266-6999   |
| JMJ Logistics                         | 535 Spicer St, Akron , OH 44311                    | F: 330-375-0907 | T: 330-688-7575   |
| John J. Jerue Truck Broker Inc        | 3200 Flightline Dr, Suite 202, Lakeland, FL 33811  | F: 863-607-5601 | T: 800-333-6548   |
| Johanson Transportation Services, Inc | 5583 East Olive Ave, Fresno, CA 93727              | F: 559-458-2234 | T: 559-458-2200   |
| JRC Logistics                         | 14102 Sullyfield Cir, Ste 100, Chantilly, VA 20151 | F:847-890-6625  | T: 866-572-9400   |
| Katherine Transport Inc.              | 460 Lincoln Way, Valparaiso, IN 46385              | F: 219-531-2153 | T: 800-380-1156   |
| Katt Worldwode Logistics, Inc.        | 4105 S. Mendenhall, Memphis, TN 38115              | F: 901-542-6067 | T:901-546-8497    |
| Keeter Enterprises, LLC               | P.O. Box 19097, Boulder, CO 80308                  | F: 303-443-9277 | T: 303-415-1869   |
|                                       | 4400 Dominion Street Unit 280, Burnaby, BC         |                 |                   |
| Kelron Logistics                      | V5G 4G3                                            | F:888-453-5329  | T: 604-638-6500   |
|                                       | 22381 S. 221st Street, Ste B, Gleenwood, IA        |                 |                   |
| Kirsh Transportation Services Inc.    | 51534                                              | F:866-667-7247  | T: 712-527-2865   |
| Knight Brokerage, LLC                 | 5601 W Buckeye Rd., Phoenix, AZ 85043              | F: 800-317-4093 | T: 800-489-2000   |
| Knichel Logistics LLC                 | 5347 William Flynn Hwy, Gibsonsia, PA 15044        | F: 724-449-3312 | T: 724-449-3300   |
| Kosh Logistics                        | 2230 Energy Dr., ST Paul, MN 55108                 | F: 615-867-9064 | T: 651-999-8500   |
| KTI Logistics, LLC                    | 3794 Highway 411, NE Rydal, GA 30171               | F: 770-382-2297 | T: 770-382-6455   |
| KW Transport Services, Inc            | 1413 Valley View Rd, Pottstown, PA 19465           | F: 610-326-7873 | T: 610-323-1691   |
|                                       | 13410 Sutton Park Drive, South Jacksonville, FL    |                 |                   |
| Landstar System Inc.                  | 32224                                              | F: 800-872-9400 | T: 904-398-9400   |
| Laser Networking Inc.                 | 9850 Pelham Road, Taylor, MI 48180                 | F:313-295-0871  | T: 313-295-3000   |
|                                       | 90 S. Newton Street Road Suite 11, Newtown         |                 |                   |
| Leading Edge Logistics, LLC           | Square Philadelphia, PA 19073                      | F: 610-359-1350 | T: 610-359-1500   |
| LHP Transportation Services           | 2032 E. Kearney Blvd., Springfield MO 65803        | F: 417-865-7543 | T: 417-865-7577   |
| Liberty Logistics Inc                 | 210 Southern Oaks Lane, Simpsonville, SC 29681     | F:800-844-8317  | T: 800-844-8249   |
| Ling Transport & Logistics            | 2300 Valley View Lane Suite 100 Irving, TX 75062   | F: 972-573-4238 | T: 800-975-4813   |
|                                       | 77 West Las Tunas Drive Suite 200, Arcadia, CA     |                 |                   |
| LLR Logistics, inc                    | 91007                                              | F: 626-447-0294 | T: 626-793-5800   |
| Logistics Dynamics, Inc.              | 1140 Wehrle Drive Amherst, NY 14221                | F: 716-817-2220 | T: 716-250-3477   |



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

|                                                  |                                                                                                    |                                     |                                      |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|
| Logisource                                       | 700 Matthews-Mint Hill Road, Matthews, NC 28105                                                    | F: 704-815-1664                     | T: 704-815-4545                      |
| M2 Logistics, Inc.                               | 2413 Hazelwood Lane, Green Bay, WI 54304                                                           | F:920-569-8801                      | T: 920-569-8800                      |
| Macro Transport Services LLC                     | 101 Executive Circle, Daytona Beach, FL 32114                                                      | F:866-575-8361                      | T: 386-673-8405                      |
| Marten Transport Logistics LLC                   | 129 Marten St., Mondovi, WI 54755                                                                  | F: 715-926-5609                     | T: 800-395-3000                      |
| Master Carrier Logistics                         | 3377 Brookville St, New Bethlehem, PA 16242                                                        | F: 814-849-8378                     | T: 814-849-2231                      |
| Mass Movement, Inc                               | 65 Green Stree, Foxboro, MA 02035                                                                  | F:508-543-4036                      | T: 508-543-2073                      |
| Matson America Transportation Services,LLC       | 4040 Embassy Pkwy #370, Akron, OH 44333                                                            | F:630-916-8803                      | T:330-794-7967                       |
| Matson Intrgrated Logistics                      | 1815 S Meyers Rd 700 Villa Park, IL 60181                                                          | F:630-916-4908                      | T: 630-203-3500                      |
| Mega Fleet Logistics                             | P.O. Box 8497, La Cresenta, CA 91214                                                               | F: 424-208-6991                     | T: 818-543-5176                      |
| Megatrux, Inc.                                   | 9449 8th St., Rancho Cucamonga, CA 91730                                                           | F:800-508-3933<br>F: 1-800-648-2929 | T: 909-652-5050<br>T: 1-800-433-0904 |
| Mercer Transportation Co.                        | 1128 West Main St, Lousiville, KY 40203<br>16052 Swingley Ridge Rd.Ste 200, Chesterfield, MO 63017 | F: 636-532-4459                     | T: 636-532-4501                      |
| MGI Freight Solutions Inc                        | 314 S Bridge St, Manawa, WI 54949                                                                  | F: 920-596-2598                     | T: 920-596-2596                      |
| M & G Logistics Inc.                             | 1082 South Expressway 281, Edinburg, TX 78542                                                      | F: 956-292-2782                     | T: 956-292-2700                      |
| Mike's Loading Service, Inc                      | P.O. Box 244, Presque Isle, WI 54557                                                               | F: 715-385-2575                     | T: 715-385-2500                      |
| Millenium Transportation & Logistics, LLC        | 525 Glenmede Lane, Montgomery, AL 36117                                                            | F: 334-280-0426                     | T: 334-395-7776                      |
| Montgomery Transportation Brokers, Inc           | 3912 Narrow Lane Rd, Montgomery,AL 36111                                                           |                                     | T: 800-264-1352                      |
| <b>N.A.I.L.S.</b>                                |                                                                                                    |                                     |                                      |
| Name Your Freight Rate                           | 3240 Production Dr. Fairfield, OH 45014                                                            | F:513-889-3730                      | T: 513-889-3719                      |
| Natco, Inc.                                      | 2261 Brookhollow Paza, Arlington TX 76006                                                          | F: 817-472-0457                     | T: 817-472-6988                      |
| Nationwide Marketing                             | 316 Walton Ferry Rd, Hendersonville, TN 37075                                                      | F:615-338-3851                      | T: 615-822-2120                      |
| Nation Parcel Logistics Inc.                     | 5415 W. Aligh Ave Ste 110, Tampa , FL 33634                                                        | F: 813-886-4026                     | T: 813-886-4220                      |
| Nationwide Transportation System                 | 25 Prospect Street, Leominster, MA 01453                                                           | F: 978-534-5712                     | T: 978-537-7691                      |
| Nelson Trucking Logistics, Inc                   | 806 Lake Elbert Ct. Winter Haven, FL 33881                                                         | F:863-294-9418                      | T: 630-936-9990                      |
| New Century Logistics, Inc                       | 250 H St., #311, Blaine, WA 98230                                                                  | F:206-274-4633                      | T: 206-274-4610                      |
| Northside Freight                                | 422 W. Walnut, Rogers, AR 72756<br>200 Garden City Plaza, Ste 224, Garden City, NY 11530           | F: 479-246-0378<br>F:516-280-5079   | T: 800-351-6284<br>T: 516-280-5080   |
| Northern Truck & Logistics Inc                   | 13901 Sutton Park Drive S #270, Jacksonville, FL 32224                                             | F: 901-259-6506                     | T: 904-821-5099                      |
| NYK Logistics ( Americas ) Inc.                  | 40854 Highway 41, Oakhurst, CA 93644                                                               | F:559-683-8398                      | T: 559-683-6449                      |
| Old Frontier Family, Inc                         | 15912 International Plaza Drive, Houston, TX 77032                                                 | F: 281-209-9512                     | T: 281-209-9228                      |
| Omni Logistics, Inc                              | 545 Ohlone Parkway, Watsonville, CA 95076                                                          | F: 831-763-4292                     | T: 800-469-7380                      |
| One Stop Logistics, Inc.                         | 4220 S. Hocker., Suite 170, Independence, MO 64055                                                 | F: 816-373-8897                     | T: 816-373-8855                      |
| Ortran Inc                                       | P.O. BOX 636 , Gainesville, GA 30503                                                               | F: 770-532-5686                     | T: 770-532-1563                      |
| Overdrive Logistics Inc.                         | 626 Vine St, Cincinnati, OH 45202                                                                  | F:513-381-9936                      | T: 513-381-9933                      |
| Over the Road Logistics                          | 6805 Perimeter Dr., Dublin, OH 43016                                                               | F: 614-923-1423                     | T: 888-722-7404                      |
| Pacer Global Logistics, Inc                      | 9110 Wild Trails, San Antonio, TX 78250                                                            | F: 210-680-5772                     | T: 210-680-4114                      |
| P & A Freight Connections, Inc                   | 411 Rte 17 #203, Hasbrouck Heights, NJ 07604                                                       | F:201-754-0427                      | T: 201-462-9510                      |
| Paramount Freight Systems Inc.                   | 7290 College Pkwy, Ste 200, Fort Myers, FL 33907                                                   | F: 937-283-3773                     | T: 239-267-0609                      |
| Paramount Transportation Logistics Services, LLC | 11020 ailery Rd. Ste E Cornelius, NC 28031                                                         | F:866-428-7555                      | T: 800-393-2902                      |
| Paystar Group , Inc.                             | 3425 Walden Ave, Depew, New York 14043                                                             | F: 716-684-0987                     | T: 716-684-4703                      |
| P.C.B., Inc.                                     |                                                                                                    |                                     |                                      |
| <b>Pinnecl Express Inc.</b>                      |                                                                                                    |                                     |                                      |
| Pin Point Logistics                              | 4948 Agnes Ave, Temple City, CA 91780                                                              |                                     |                                      |
| Pioneer Transfer LLC                             | 710 N Dearborrn St, Chicago IL 60654                                                               | F: 312-268-5138                     | T: 312-291-9315                      |
| PMT Logistics LLC                                | 2034 South St. Aubin Street, Sioux City, IA 51106                                                  | F: 712-274-2946                     | T: 800-325-4650                      |
| Port City Logistics                              | 2238 Stoverstoen Road, Spring Grove, PA 17362                                                      | F:717-225-3648                      | T: 717-225-4650                      |
| Premier National Inc.                            | 21814 Silver Meadow Lane, Parker, CO 80138                                                         | F: 425-835-0537                     | T: 303-263-9221                      |
| Priority Distribution Inc.                       | 323 Cash Memorial Blvd, Forest Park, GA 30297                                                      | F: 866-748-5764                     | T: 404-363-2480                      |
|                                                  | P.O. Box 742, Milltown, NJ 08850                                                                   | F: 732-234-1926                     | T: 732-234-1919                      |



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

|                                              |                                                         |                                 |                   |
|----------------------------------------------|---------------------------------------------------------|---------------------------------|-------------------|
| Pride Logistics                              | 5499 West 2455 S, Salt Lake City, UT 84120              | F: 801-478-0043                 | T: 801-972-8890   |
| Prime Logistics                              | 2740 North Mayfair, Springfield, MO 65803               | F: 417-521-6878                 | T: 1-800-321-1354 |
| Prospect Express Inc.                        | 1125 Mc Cabe Ave. Elk Grove, Village IL 60007           | F: 841-357-3920                 | T: 847-357-1500   |
| Productive Transportation Services Corp      | 530 Grand island Blvd, Tonawanda, NY 14150              | F: 716-877-6331                 | T: 716-877-5542   |
| Public Special Commodities Division, Inc.    | 3147 Progress Cr., Mira Loma, CA 91752                  | F: 951-361-2075                 | T: 951-360-2450   |
| Puget Sound International Inc.               | 2102 Milwaukee Way, Tacoma, WA 98421                    | F: 253-404-2154                 | T: 253-272-1099   |
| Quality Logistics Systems, Inc               | 3801 Pinnacle point Drive, Dallas TX 75211              | F: 214-623-9644                 | T: 214-231-0446   |
| Quaker Transportation , Inc.                 | P.O. Box 11388, Lancaster, PA 17605                     | F: 717-735-0590                 | T: 800-233-0237   |
| Quality Transportation Service Inc.          | 1820 W. Orangewood Ave., Orange, CA 92868               | F: 714-939-6263                 | T: 714-939-6366   |
| R2 Logistics                                 | 450 Alkyre Run Drive Suite 250, Westerville, OH 43082   | F: 614-568-1940<br>F: 614: 487- | T: 614-899-6350   |
| Redhawk Global, LLC                          | P.O. Box 2946, Columbus, OH 43216                       | 8550                            | T: 614-487-8505   |
| RedTail Logistics, Inc                       | 675 N. Main Street, Lansdale, PA 19446                  | F: 267-270-3366                 | T: 800-770-3629   |
| Reed Transport Services, Inc                 | P.O. Box 2527, Brandon, FL 33509                        | F: 813-655-9700                 | T: 813-655-9500   |
| Regional Logistics                           | P.O. Box 564, Canal Fulton, OH 44614                    | F: 330-854-5142                 | T: 330-854-5047   |
| Registry Monitoring Insurance Services, Inc. | 5703 Corsa Avenue 1st Floor, Westlake Village, CA 91362 | F: 818-332-4933                 | T: 800-400-4924   |
| Rehmann Transportation Corp.                 | 1000 Briggs Road # 110 Mount Laurel, NJ 08054           | F: 856-778-1502                 | T: 800-206-3983   |
| Re Transportation , Inc                      | 855 Ridge Lake Blvd, Suite 500, Memphis, TN 38120       | F: 901-271-8840                 | T: 901-271-8830   |
| R F X Inc.                                   | 57 Littlefield Street, Avon MA 02322                    | F: 508-588-9655                 | T: 800-342-8822   |
| RJS Logistics                                | 2818 Gary Fox Rd., Monroe, NC 28110                     |                                 |                   |



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

## Copyright

All rights reserved. No part of this online publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, without the prior written permission from Western Truck Insurance Services, Inc.

The graphics, forms and structure contained within this site are copyright of Western Truck Insurance Services, Inc. or the respective member companies. Western Truck Insurance Services, Inc. cannot be held liable for typographical errors, layout error or misinformation contained herein.

## Disclaimer

While every care has been exercised in compiling and publishing the data contained in these pages Western Truck Insurance Services Inc. accepts no responsibility for errors or omissions of the information.

The information is not guaranteed to be accurate, or does the management take responsibility for it. The information comes from other sources and therefore may be wholly unreliable, and the management does not guarantee its suitability for any purpose.

Neither Western Truck Services, Inc. nor any of its providers of information make any warranties, express or implied, as to results to be obtained from use of such information, and make no express or implied warranties of merchantability or fitness for a particular purpose or use.

Neither Western Truck Insurance Services, Inc. nor any of its providers of information shall have any liability for the accuracy of the information contained in the Service, or for delays or omissions therein. None of the foregoing parties shall be liable for any third-party claims or losses of any nature, including, but not limited to, lost profits, punitive or consequential damages.

Western Truck Insurance Services, Inc. has checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication. However, in view of the possibility of human error, neither Western Truck Insurance Services, Inc. nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such information. Readers are encouraged to confirm the information contained herein with other sources.

## General Server Disclaimer



11950 Aviation Blvd., Inglewood CA 90304 P800-937-8785/F310-215-2915

Western Truck Insurance Services, Inc. reserves the right to remove without notice any material which in its sole discretion it deems to be unsuitable for dissemination via its World Wide Web server(s).

In order to ensure that the information presented here are complete and up-to-date, many people are permitted to access and alter various portions of the information presented by this server. Thus, we make no guarantees as to the accuracy or quality of information stored here. If misleading or otherwise inappropriate information is brought to our attention, a reasonable effort will be made to fix or remove it. Such concerns should be addressed to the author of the material (if known). Any enquiries pertaining to these Copyright and Disclaimer Statements should be made directly to aSampleLetter.COM.

Whilst every care is taken by Western Truck Insurance Services, Inc. in the provision of the service, Western Truck Insurance Services, Inc. shall not be liable for any loss of information howsoever caused whether as a result of any interruption, suspension or termination of the service or otherwise, or for the contents, accuracy or quality of information available, received or transmitted through this server.

Western Truck Insurance Services, Inc. shall also not be held liable for any actions, claims, proceedings, costs, losses and damages whatsoever including but not limited to libel, slander or infringement or copyright or other intellectual property rights or death, bodily injury or property damage and howsoever arising out of or in connection with or by reason of the operation, provision or use of this service.

Western Truck Insurance Services, Inc. shall not be further held liable in any manner whatsoever for ensuring that in using this service all applicable laws, rules and regulations for the use of any telecommunication systems, service or equipment shall be at all times be complied with.