



RL TRUCKING, LLC

2010 DRIVER INFORMATION COVER SHEET

Please read: Submit this completed information sheet with each packet for each driver on top of all supporting documents. Missing/unreadable information constitutes an incomplete packet and will not be accepted. Please print clearly.

Business Name _____

Alaska Business License No. _____ Expiration Date: ____/____/____

Last _____ First _____ M.I. _____

_____-_____-_____- _____ _____ _____ /_____/_____/_____
Social Security Number Tax I.D. Number Alaska CDL No. Expiration Date

_____/_____/_____
Medical Card Expiration Date

_____-_____-_____- _____ _____ _____ _____ _____
Mailing Address Apt/Suite City State Zip Code

_____-_____-_____- _____ _____ _____ _____ _____
Physical Address (NO PO BOXES) Apt/Suite City State Zip Code

(_____) _____ - _____ (_____) _____ - _____ _____
Primary Phone Alternate Phone E-mail Address

Emergency Contact Name: _____ Relationship: _____

Phone: (_____) _____ - _____

_____-_____-_____- _____ _____ _____ _____ _____
Equipment Make Year Type (Tractor/Dump) Color License Unit No.

_____-_____-_____- _____ _____ _____ _____ _____
Trailer Make Year Type (Belly/Side Dump) Color License Unit No.

Registered Owner(s): _____

Other Equipment or Trailers Available: _____

USDOT Number: _____ MUST BE PRESENT ON EVERY VEHICLE AS REQUIRED BY LAW.

BY SIGNING THIS DOCUMENT YOU ACKNOWLEDGE THAT ALL INFORMATION PRESENTED IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE. IN THE EVENT ANY OF THE INFORMATION LISTED HEREIN CHANGES, YOU AGREE TO NOTIFY RL TRUCKING, LLC IN WRITING WITHIN 10 DAYS. FAILURE TO SO MAY RENDER YOU INELIGIBLE FOR DISPATCH.

Signature

Date