

Owner Operator Application

Section 1: Personal & Contact Information

- Full Legal Name: _____
- Date of Birth: _____
- Social Security Number (or EIN if business): _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____

Section 2: CDL & Driver Information

- CDL Number: _____
- Issuing State: _____
- CDL Class (A, B, etc.): _____
- Endorsements (Hazmat, Tanker, etc.): _____
- CDL Expiration Date: _____
- Date of Last DOT Physical: _____
- Medical Card Expiration Date: _____
- Years of Commercial Driving Experience: _____

Section 3: Equipment Information

- Truck Year/Make/Model: _____
- Truck VIN #: _____
- License Plate #: _____ State: _____

- Trailer (if any): Year: _____ Type: _____ Plate #: _____
- Is the equipment leased or owned? Owned Leased
- Current Mileage on Truck: _____

Section 4: Insurance Coverage

- Insurance Carrier: _____
- Policy Number: _____
- Coverage Type: Liability Cargo Physical Damage
- Policy Expiration Date: _____
- Limits of Liability: _____

Section 5: Business Information

- Operating as: Sole Proprietor LLC Corporation
- Company Name (if applicable): _____
- FEIN (if applicable): _____
- MC Number (if any): _____
- DOT Number (if any): _____
- W-9 Attached: Yes No
- TWIC Card: Yes No Not Applicable

Section 6: Work History (Last 3 Years)

Employer #1

- Company Name: _____
- Phone: _____
- Dates of Employment: From _____ to _____

- Reason for Leaving: _____

(Repeat for Employer #2 and Employer #3)

Section 7: Accident & Violation History (Last 3 Years)

- Have you had any DOT-reportable accidents? Yes No

If yes, please describe: _____

- Have you had any moving violations or suspensions? Yes No

If yes, please describe: _____

Section 8: Drug & Alcohol Testing History

- Have you ever tested positive, or refused to test, on any pre-employment, random, post-accident, or other DOT-mandated drug or alcohol test?

Yes No

If yes, please explain (include dates and circumstances):

- Have you successfully completed a DOT Return-to-Duty process through a Substance Abuse Professional (SAP)?

Yes No Not Applicable

If yes, provide the date of completion and attach documentation:

- Are you currently enrolled in a DOT-compliant drug & alcohol testing consortium?

Yes No

If yes, provide consortium name and contact information:

Section 9: Required Attachments

Please attach copies of the following:

- Valid CDL License
- Current Medical Card
- Truck Registration
- Insurance Certificate
- W-9 Form
- DOT Physical Long Form (if required)
- TWIC Card (if applicable)

Section 10: Signature & Acknowledgement

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I authorize [Your Company Name] to conduct a background check, MVR, and verify all information provided.

Signature: _____

Date: _____