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- 10 WHEEL
- SUPER 10
- TRANSFER
- SEMI END
- SEMI BOTTOM
- SEMI SIDE
- DOUBLE BOTTOM
- OTHER

**EQUIPMENT**

- 2-AXLE
- 3-AXLE
- 5-AXLE
- 9-AXLE



**Subhaul File Cover Page**

Name: \_\_\_\_\_ DBA: \_\_\_\_\_ Sub# \_\_\_\_\_  
 Mobile # (\_\_\_\_\_) \_\_\_\_\_ Home/Office # (\_\_\_\_\_) \_\_\_\_\_  
 Fax # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_

The following paperwork is required by G & J Heavy Haul, Inc. from every subhauler that works for us. All paperwork must be received in our office before you will receive a dispatch.

**INDIVIDUAL OWNER OPERATOR**

Item #	In File	Item	Expiration Date
1		NSIS (New Subhauler Information Sheet)	Same as Item #3
2		W-9 Form (completely filled out and signed)	Same as Item #3
3		Subhaul Agreement (completely filled out and signed)	
4		Trailer Rental Agreement (completely filled out and signed)	Same as Item #3
5		<b>Workers Comp. Ins. Certificate (required)</b>	
6		<b>Copy of Drivers License (make sure it is clear enough to read)</b>	
7		<b>DMV Medical Receipt or DMV H6</b>	
8		<b>Copy of Social Security Card (make sure it is clear enough to read)</b>	N/A
9		CA Motor Carrier Certificate of compliance	Same as Item #3
10		<b>Copy of CA# Permit (not just the application) #</b>	
11		CSAT Form - Controlled Substance & Alcohol Testing agreement	Same as Item #3
12		<b>Copy of Drug Compliance Certificate/Card</b>	
13		Owner Operator Certification	Same as Item #3
14		Subhauler Truck Information	Same as Item #3
15		<b>Copy of Current Truck Registration</b>	
16		<b>Insurance Certificate (sent to us from insurance company)</b>	
17		<b>Additional Insured Endorsement (sent from insurance company)</b>	
18		<b>Copy of CARB Certificate TRUCRS ID#</b>	
19		CFN Agreement <b>agree decline</b>	Same as Item #3
20		Job Site Policies and Freight Bill Compliance	Same as Item #3
21		<b>DIR Public Works Registration #1000</b>	
22		<b>Small Business Certifications SB ID#</b>	
23		<b>Disadvantaged Bussiness Enterprise DBE Cert ID#</b>	
24		<b>Disabled Veteran Business Enterprise DVBE Cert ID#</b>	

# New Subhauler Information Sheet (NSIS)

To be completed and emailed or faxed back same day.  
Email to: [subhauler@gjheavyhaul.com](mailto:subhauler@gjheavyhaul.com) or Fax to: (559) 684-1937

**G & J Subhaul Number:** \_\_\_\_\_

CA Number: \_\_\_\_\_ USDOT Number: \_\_\_\_\_

**Carrier Name (CHP/FMCSA):** \_\_\_\_\_

**DBA (CHP/FMCSA):** \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City, State Zip

Email address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Cell # Home/office # Fax #

Is your Company Certified as **SB**  **DBE**  **DVBE**

**Driver Name (DMV):** \_\_\_\_\_

CDL: \_\_\_\_\_ DOB: \_\_\_\_\_ State: \_\_\_\_\_ Yrs. Exp: \_\_\_\_\_

**EIN #:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Broker/Co: \_\_\_\_\_  
Company Name Agent Name Phone Number

Do you have tags that have not been paid or turned in? \_\_\_\_\_

If the answer is yes, please include original tags with this form. If you have already turned in original tags, please include legible copies.

## **OFFICE USE ONLY**

- CHP CA**  **MCP**  **USDOT Authority**
- Assess additional insurance requirements (Company Drivers or Puller/Lessee)**
- CARB Cert Compliant**
- SB Cert**  **DBE Cert**  **DVBE**
- Sub-haul Number Issued**
- Drivers added to DMV EPN**
- Entered in Axon**

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

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

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

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

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947



The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.**

You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.





10810 Avenue 184, Tulare, CA 93274  
Phone: 559-684-1943 Fax: 559-684-1937

## **SUBHAUL AGREEMENT**

Between

**PRIME CARRIER:** G & J Heavy Haul, Inc.  
CA# 298825

And

**SUBHAULER** Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: Office: \_\_\_\_\_ Home: \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Fed. I.D. or S.S. # \_\_\_\_\_ C.A.#: \_\_\_\_\_  
(Must provide S.S.# if Owner Operator)

The above named CARRIER desires to secure the services of the above named SUBHAULER for the transportation of general commodities and SUBHAULER desires as an independent contractor to so act and perform.

Now, therefore, in consideration of the mutual promises herein contained, CARRIER and SUBHAULER agree as follows:

### **1. SUBHAULER'S REPRESENTATIONS AND WARRANTIES:**

Subhauler represents and warrants as follows:

- A. SUBHAULER is engaged in the trucking business and uses the equipment listed in the attached "Schedule of Vehicles" in the conduct of SUBHAULER'S business. SUBHAULER will maintain and operate said equipment in compliance with the requirements of all regulatory bodies at all times while providing services covered by this Agreement. SUBHAULER will accept responsibility for any violation(s) of law by SUBHAULER or SUBHAULER employees.

Initial \_\_\_\_\_

- B. SUBHAULER is the holder of all State, Federal, County, or City certificates, permits registrations, authorizations and licenses which are required or necessary for the conduct of business as a dump truck carrier and for the performance of services covered by this Agreement. SUBHAULER will continue to hold such certificates, permits, registrations, authorizations, and licenses in full force and effect at all times while providing services covered by this Agreement.
- C. SUBHAULER has Workman's Compensation Insurance coverage for SUBHAUL Employees, if any, and will continue such coverage and insurance in effect while providing services covered by this Agreement. SUBHAULER will furnish evidence of such coverage to CARRIER. Upon reasonable request by CARRIER, SUBHAULER will provide a list of all driver employees covered by said Workman's Compensation Insurance Policy.
- D. SUBHAULER recognizes that neither SUBHAULER nor SUBHAULER employees are eligible for coverage under the Workman's Compensation Insurance policy held by the CARRIER. SUBHAULER recognizes that he or she is not entitled to make any claim with respect to any Workman's Compensation Insurance policy held by CARRIER.
- E. SUBHAULER is an independent contractor and shall provide services covered by this Agreement only as an independent contractor, and not as an employee of CARRIER. CARRIER may, at his sole option, require SUBHAULER, as an independent contractor, to obtain Workman's Compensation Insurance for himself or herself.
- F. SUBHAULER shall obtain insurance coverage for public liability and property damage (PL & PD) insurance covering all operations of the SUBHAULER, including liability assumed under this and other contracts and including all vehicles and equipment operated by SUBHAULER, whether owned, rented, or borrowed. The limits for said coverage shall be no less than one million (\$1,000,000.00) combined single limit for the services performed pursuant to this Agreement. SUBHAULER shall pay all premiums on such coverage, and SUBHAULER shall have the CARRIER named as an additional insured on a statewide basis, and shall produce evidence thereof to the CARRIER. SUBHAULER will provide a list of all identified and unidentified equipment covered by the said PL & PD insurance. Furthermore, SUBHAULER agrees that said insurance coverage may not be canceled by any party thereof for any reason without ten- (10) day's prior written notice to the CARRIER.
- G. SUBHAULER agrees to comply with Federal and State Mandated Safety requirements and programs Documentation will be required.
- H. By agreeing to provide services requested by CARRIER, or by undertaking such services, SUBHAULER warrants that all conditions precedent in Section 1 of this agreement have been satisfied and remain effective for the duration of SUBHAUL provision of services pursuant to this Agreement. SUBHAULER shall indemnify and hold harmless CARRIER for any damages resulting from breach of these warranties.

Initial\_\_\_\_\_

**II. TERMS AND CONDITIONS OF TRANSPORTATION SERVICE:**

- A. CARRIER'S business policy will comply with all applicable laws. CARRIER will not accept responsibility for any violation(s) of law by SUBHAULER or SUBHAULER employees.
- B. From time to time, CARRIER shall request SUBHAULER to provide service. Upon said request, CARRIER shall notify SUBHAULER of material to be transported and of the time and location of the place to load, all within a reasonable time prior to the required delivery time. Thereafter, SUBHAULER, will without delay, cause said material to be transported to the place designated by the CARRIER, or by CARRIER representative.
- C. CARRIER shall have no control over the persons or operation of equipment used or employed by SUBHAULER in providing services under this Agreement.
- D. SUBHAULER will employ capable and responsible persons to operate SUBHAULER equipment safety and expeditiously, and will maintain SUBHAULER equipment so as to efficiently perform the services required. Upon reasonable request by CARRIER, SUBHAULER will provide a current report from the Department of Motor Vehicles of SUBHAULER'S own "Drivers Record Information", and similar such reports of SUBHAULER employees, if any.
- E. SUBHAULER shall provide services under this Agreement in accordance with all-applicable State and Federal safety regulations.
- F. SUBHAULER shall maintain and operate SUBHAULER equipment at SUBHAULER sole expense. SUBHAULER shall pay any and all charges arising therefrom, including, but not restricted to labor, fuel, repairs, any and all insurance, permits, and taxes levied or assessed; provided. If the CARRIER pays any such expenses on behalf of SUBHAULER, CARRIER may deduct the amounts of such expense from any amount owed by CARRIER to SUBHAULER.
- G. SUBHAULER shall be solely responsible for compensating any persons, including, but not limited to employees, agents, and independent contractors, engaged by SUBHAULER in connection with services performed pursuant to this Agreement.
- H. SUBHAULER shall pay all fees, licenses, taxes and fines necessary or incidental to the performance of services rendered.
- I. SUBHAULER agrees and understands that signed copies of the shipping documents for services performed must be submitted to the CARRIER on a WEEKLY BASIS no later than Saturday evening. No unsigned shipping documents will be processed.
- J. Notwithstanding any other provisions of this Agreement to the contrary, CARRIER may withhold from SUBHAULER the SUBHAULER portion of fees and/or amounts imposed by authorized Federal or State Agencies upon transportation performed pursuant to this Agreement. If such withholding is made, CARRIER shall pay said fees to the authorized Federal or State Agencies.

Initial\_\_\_\_\_

**III. TERMS AND CONDITIONS OF PAYMENT**

- A. CARRIER will prepare a monthly statement covering services performed under this Agreement by SUBHAULER for CARRIER
- B. CARRIER will compensate SUBHAULER in an amount equal to but not less than 92% of the "Pay Rate" for services performed under this Agreement at rates contained in supplemental contract rate schedule that will be furnished for each work project.
- C. SUBHAULER hereby authorizes CARRIER to deduct from such amount specified in Paragraph II, F. any amounts owed by Subhauler to CARRIER including, but not limited to the following:
  - 1. Any amounts for service station charges, repairs, maintenance, tires, parts, oil, fuel, or other purchases made by CARRIER on behalf of the SUBHAULER, plus a 5% handling charge.
  - 2. Any amounts advanced by the CARRIER on behalf of the SUBHAULER for labor-related items, including, but not limited to, Workers Compensation Insurance, Teamster Union fringe benefits, Teamster Union dues, and Teamster Union fees, plus a 5% handling charge.
  - 3. Any amounts for which CARRIER may be liable by failure of SUBHAULER to conform to the terms of this Agreement.
  - 4. Any cash advances made by CARRIER at SUBHAULER'S request, plus a 2% charge thereon, unless such charge is waived by the CARRIER or prohibited by law.
  - 5. Any amounts for trailer rental, if CARRIER leases trailing equipment to SUBHAULER. Terms and conditions for such trailer rental shall be set forth in a separate Trailer Lease Agreement, which is attached hereto.
  - 6. Any claim for loss, shortage, damage, or contamination of cargo handled by SUBHAULER.
  - 7. Contractor back charges to the CARRIER based upon SUBHAULER negligence or service failures during performance of this contract.
- D. CARRIER shall pay SUBHAULER the amount specified in paragraph III A. of this agreement, less any deductions authorized by the SUBHAULER (in paragraph III C. of this Agreement), provided that the SUBHAULER has submitted to the CARRIER, in a timely manner, signed copies of the shipping documents related to such services.

Initial\_\_\_\_\_

**IV. EFFECTIVE DATE OF AGREEMENT, SUSPENSION, AND TERMINATION:**

- A. This agreement shall become effective on the date that both parties sign it.
- B. This Agreement may be suspended immediately for cause.
- C. This Agreement shall be continuous until written notice of cancellation is issued by either party; except as provided in B. above.

**V. AMENDMENTS:**

This Agreement can only be amended or changed in writing executed by both parties.

**VI. INDEMNIFICATION:**

- A. SUBHAULER shall and does hereby indemnify, save harmless (and, at CARRIER'S written request, defend) CARRIER and each of its employees, agents and representatives from and against any and all claims, demands, losses, damages, liabilities, costs, expenses, or obligations whatsoever, including reasonable attorney's fees which CARRIER may suffer or incur from any act or omission of SUBHAULER, or because of the failure of SUBHAULER insurance CARRIER to defend any action against CARRIER or settle any judgment against CARRIER arising out of any action, incident, or other happening.
- B. The foregoing indemnity and hold harmless obligation of SUBHAULER includes and applies without limitation to any strict liability imposed by law and to injury and damage to CARRIER, SUBHAULER, or third parties, or any or all of them, and their respective property, employees, agents, and representatives, regardless of how any such injury or damage may be caused or suffered by reason of the concurrent or contributory negligence, whether affirmative or passive of CARRIER its agents, employees, representatives, or independent contractors.
- C. This indemnity and hold harmless agreement shall apply as a separate and distinct agreement and shall not be limited by the provisions of any insurance policy held by or for SUBHAULER.
- D. Notwithstanding the foregoing SUBHAULER liability hereunder shall not include any responsibility for or obligation to indemnify and save CARRIER harmless from loss, damage or expense arising from the sole negligence or willful misconduct of CARRIER, its agents, servants, or its independent contractors who are directly responsible to CARRIER.

Executed in duplicate this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

By: \_\_\_\_\_  
SUBHAULER Signature

For: \_\_\_\_\_  
SUBHAULER Company Name

By: \_\_\_\_\_  
CARRIER Signature

For: **G & J Heavy Haul, Inc.**  
CARRIER Company Name





10810 Avenue 184, Tulare, CA 93274
Phone: 559-684-1943 Fax: 559-684-1937

TRAILER RENTAL AGREEMENT

This agreement made and entered into this \_\_\_ day of \_\_\_, 20\_\_\_ between G & J Heavy Haul, Inc., hereinafter referred to as "LESSOR", and

Name Street City State Zip

Hereinafter referred to as "LESSEE", whereby LESSOR agrees to lease to LESSEE the equipment hereinafter mentioned under the terms and conditions set forth:

- 1. This Rental Agreement supplements and incorporates by references, the Subhaul Agreement (hereinafter referred to as the "Subhaul Agreement") entered into by and between LESSEE (as Subhauler) and LESSOR (as Prime Carrier)
2. This agreement pertains to all trailering equipment that LESSOR owns, leases, or rents, and LESSOR hereby proposes to lease the equipment to LESSEE.
3. LESSOR agrees to furnish the equipment in good running order. LESSEE agrees that, at the termination of this agreement, LESSEE will return said equipment to LESSOR in the same condition as it was received in, with the exception of ordinary wear and tear.
4. While the LESSEE has the equipment, it is the LESSEE'S responsibility to adjust the brakes and lubricate the equipment. Furthermore, it is the LESSEE'S responsibility to bring the equipment to the LESSOR for any maintenance/repairs or for the LESSEE to perform such maintenance/repairs in a manner, which is safe and satisfactory to the LESSOR. Material invoices for such repairs shall be submitted to LESSOR for reimbursement.
5. LESSEE agrees to compensate LESSOR for any damage to equipment (not to exceed \$5000.00 per trailer) other than that caused by normal wear and tear. This includes damage caused by accident, negligence, pilferage, or vandalism. Negligence includes, but is not limited to tires, axles, fenders, hydraulic cylinders, and the body of the trailer.
6. LESSEE authorizes that money may be deducted from the gross earnings to pay for both rental and damages. In the event that rental and damages exceed that which LESSOR owes LESSEE, then LESSEE shall make compensation for the difference.
7. The standard rental rate for semi bottom is 15% and semi end dumps is 17.5% of the truck's gross revenue. Other trailer types will be quoted as applicable.
8. The only time this equipment may be used for the transportation of extremely high wear and tear commodities is when the LESSOR is the Prime Carrier for such services. LESSOR may adjust the rental rate for such services, and the LESSEE shall be so notified prior to hauling.
9. At all times during this agreement LESSEE shall have in effect and on file with LESSOR unidentified trailer coverage for the number of trailers it has leased. The coverage shall be \$1,000,000.00 combined single limit of liability and property damage naming G & J Heavy Haul, Inc. on the Insurance Certificate and Additional Insured Endorsement requiring a thirty-day notice of cancellation.
10. LESSEE agrees not to assign, sublet, or permit another to use involved equipment.

In Witness whereof the parties hereto have executed this agreement the day and year first above written.

LESSEE: \_\_\_\_\_

LESSOR: G & J Heavy Haul, Inc. \_\_\_\_\_

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**MOTOR CARRIER CERTIFICATION OF COMPLIANCE**

CHP 809 (Rev. 4-16) OPI 062

I, the undersigned, certify that \_\_\_\_\_  
(Contracted Carrier's Name)  
holds a Motor Carrier of Property (MCP) Permit, Number \_\_\_\_\_, which is valid through \_\_\_\_\_,  
(CA Number) (Date)  
and the above named carrier is knowledgeable of and in compliance with all applicable statutes and regulations including but not limited to  
(check all that apply):  Basic Inspection of Terminals Program,  Controlled Substances and Alcohol Testing Program,  MCP

_____ Signature	_____ Printed Name
_____ Title	_____ Date
Services Provided For: _____ (Contracting Carrier's Name)	_____ (Contracting CA Number)

One copy of this certificate shall be provided to the person for whom services are provided (*the contracting motor carrier*); one copy shall be retained by the motor carrier of property (*the contracted motor carrier*). Copies shall be retained by both parties for the duration of the contract or period of service plus two years, and shall be presented for inspection upon the request of an authorized employee of the California Highway Patrol or the Department of Motor Vehicles.

*Safety, Service, and Security*



*An Internationally Accredited Agency*

Chp809\_0416.pdf



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Phone: 559-684-1943 Fax: 559-684-1937

## **CONTROLLED SUBSTANCES AND ALCOHOL TESTING (CSAT) AGREEMENT**

(This agreement is intended to clarify how a company and a leased driver in interstate commerce, or an owner/operator as defined in California Vehicle Code Section 34624(b), who contracts with a motor carrier in intrastate commerce, will share the results of all CSAT conducted pursuant to Title 49 of the Code of Federal Regulations, Part 382 (49CFR 382). This agreement is limited to that purpose and does not imply the existence of any employer/employee relationship or any legal responsibilities beyond those specifically addressed 49CFr, Part 382.)

**G & J Heavy Haul, Inc.** \_\_\_\_\_  
COMPANY "A" NAME OR DBA

**0298825** \_\_\_\_\_  
CA/US DOT #

\_\_\_\_\_  
COMPANY "B" DRIVER'S NAME (Printed)

\_\_\_\_\_  
CA/USDOT #

\_\_\_\_\_  
Consortium (Drug Program) Name

\_\_\_\_\_  
Consortium Phone #

\_\_\_\_\_  
Beginning or Renewal Date

\_\_\_\_\_  
Ending Date

\_\_\_\_\_  
Signature of Driver / Company Name

Company A (contracting carrier) is liable for the CSAT compliance of company B (driver). This agreement entitles company A to accept company B's existing CSAT program, in lieu of requiring company B to participate directly in the CSAT program of company A, by permitting company A to use the CSAT program of company B as its own. This means company A must be notified by the medical review officer currently used by company B of any test results regarding company B, and will bar the company B driver from conducting safety-sensitive functions for company A, upon notification that the driver has tested positive as a result of any required CSAT test.

# TRUCK OWNER-OPERATOR CERTIFICATION OF OWNERSHIP

CEM-2510 (REV 12/2006)

Caltrans Contract Number \_\_\_\_\_

Project Location \_\_\_\_\_

## SECTION 1

I, \_\_\_\_\_, am the registered owner or lessee of the vehicle listed below:

Business Name: \_\_\_\_\_

Name of Registered Owner: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Description of Truck:  
(Example: 5-axle Dump Truck) \_\_\_\_\_

MCP Number: \_\_\_\_\_

Truck CA Number: \_\_\_\_\_

Truck License Number: \_\_\_\_\_

## SECTION 2

I, \_\_\_\_\_, do hereby certify under penalty of perjury that I am the owner of this

vehicle, that I am an independent owner operating this vehicle as an owner-operator, and that I am not employed by any trucking company, broker, or contractor as an employee in accordance with the Fair Labor Standards Act, Employee Relationship.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

## SECTION 3

I, \_\_\_\_\_, do hereby certify under penalty of perjury that I have the sole use and  
(Name of Owner-Operator)

discretion of this vehicle during the time period specified in my lease agreement with \_\_\_\_\_.  
(Name of Lessor)

\_\_\_\_\_  
Signature of Lessee

\_\_\_\_\_  
Date

**PLEASE COMPLETE ALL INFORMATION ON SECTION 1 and  
EITHER SECTION 2 OR SECTION 3**

**TRUCK OWNER-OPERATOR CERTIFICATION OF OWNERSHIP**

CEM-2510 (REV 12/2006)

**Instructions**

Caltrans Contract Number	District - Expenditure Authorization
Project Location	Description of Project
Name of Owner-Operator or Lessee	First and Last Name of owner-operator or lessee
Business Name	Name as indicated on truck or registration
Name of Registered Owner	First and Last Name of registered owner as listed with DMV
Name of Driver	First and Last Name of Driver
Driver License Number	Number listed on valid driver's license
Address	Street address of business
City, State, Zip	City, State, Zip of business
Description of Truck	Full description of make, model, year of truck
MCP Number	Motor Carrier Permit number issued by DMV
CA Number	CA number issued by CHP
Truck License Number	Number as provided by CA DMV registration
Name of Owner-Operator	First and Last Name of owner-operator
Signature of Owner-Operator	Full signature of owner-operator
Date	Date of completion of form
Name of Lessor	First and Last name of Lessor
Signature of Lessee	First and Last Name of owner-operator
Date	Date of completion of form



**TRUCK OWNER-OPERATOR CERTIFICATION OF OWNERSHIP**

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HSR 13-57 CP 2-3	Fresno County, Kings County and Tulare County California
<b>DFJV Contract Number</b>	<b>Project Location</b>

**SECTION 1**

I, \_\_\_\_\_, am the registered owner or lessee of the vehicle listed below:

Business Name: \_\_\_\_\_

Name of Registered Owner: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Description of Truck: \_\_\_\_\_  
(Example: 5-Axle Dump Truck)

MCP#: \_\_\_\_\_

Truck CA#: \_\_\_\_\_

Truck License Number: \_\_\_\_\_

**SECTION 2**

I, \_\_\_\_\_, do hereby certify under penalty of perjury that I am the owner of this  
(Name of Owner-Operator)  
vehicle, that I am an independent owner operating this vehicle as an owner-operator, and that I am not employed by any trucking company, broker, or contractor as an employee in accordance with the Fair Labor Standards Act, Employment Relationship.

---

Signature of Owner	Date
--------------------	------

**SECTION 3**

I, \_\_\_\_\_, do hereby certify under penalty of perjury that I have sole use and  
(Name of Owner-Operator)  
discretion of this vehicle during the time period specified in my lease agreement with \_\_\_\_\_  
(Name of Lessor)

---

Signature of Lessor	Date
---------------------	------

**PLEASE COMPLETE ALL INFORMATION IN SECTION 1 and  
EITHER SECTION 2 or SECTION 3**





10810 Avenue 184, Tulare, CA 93274  
Phone: 559-684-1943 Fax: 559-684-1937

### **Subhauler Insurance Requirements**

**It is required that you meet our minimum insurance requirements prior to working. You may be subject to higher limits at our discretion.**

1. We require \$1,000,000.00 (one million dollars) Combined Single Limit of Auto Liability.
2. Your Certificate of Insurance (COI) must list your scheduled autos by: Make, Year, Model, and Vin Number.
3. To all power units Subhauler for G&J Equipment Pullers. Please note that you are required to add Non-Own Trailer coverage on your insurance policy.

All Single Trailers unless told otherwise required trailer coverage at a minimum of \$15,000.00

All Double Trailer combos unless told otherwise required trailer coverage at a minimum of \$15,000.00 per unit for a total of \$30,000.00

4. G & J Heavy Haul, Inc. must receive an Additional Insured Endorsement from your insurance company. The endorsement must state the correct policy number, company name, and address, as shown:

10810 Avenue 184, Tulare, CA 93274

5. Both the Certificate of Insurance and Additional Insured Endorsement must be on file with G & J Heavy Haul, Inc. before you begin working.
6. Please have your Insurance Broker/Agent **email and mail** your Certificate of Insurance and Additional Insured Endorsement to the above address.
7. Make sure you keep your insurance policy up to date. We must have a new Certificate emailed and mailed by your insurance broker at every renewal.



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Phone: 559-684-1943 Fax: 559-684-1937

### **CFN Fuel Agreement**

G & J Heavy Haul, Inc. is pleased to be able to offer you a CFN fuel card service. You will be issued a CFN card good at all CFN card lock stations with your name on it. G & J Heavy Haul, Inc. will add a \$ 0.10 per gallon handling fee for this service. This card is only for use while you are sub hauling for G & J Heavy Haul, Inc. It is only good for diesel fuel and can only be used twice per day for a maximum of 250 gallons. Do not let anyone else use your card because you will be backcharged for all the fuel purchased on your card. It is not to be used for your personal vehicle. Your signature on this agreement means that you will pay all charges for your card plus the \$ 0.10 handling fee. When you stop working for G & J Heavy Haul, Inc., you agree to surrender your CFN card to the office and pay all charges incurred on it prior to the date it is turned in.

- In summary: Use for diesel fuel only  
Use only when working for G & J Heavy Haul, Inc.  
Limit 2 fuelings per day  
Limit 250 gallons per day  
Do not use for private vehicles and no unleaded  
\$ 0.10 per gallon handling fee

Print Name \_\_\_\_\_ Date \_\_\_\_\_

I have read and **agree** with the above conditions:

Signature \_\_\_\_\_

I have read the offer above, but **decline** a fuel card and will obtain fuel upon my own means:

Signature \_\_\_\_\_



10810 Avenue 184, Tulare, CA 93274  
Phone: 559-684-1943 Fax: 559-684-1937

## G & J Standard Job Site Policies

- You must always wear a hard hat and vest while on the job site if you are outside of your vehicle. Class 3 Safety  
Vests are a MUST! Bright colored T-shirts alone will no longer suffice as a “safety vest.”
- Clothing items that are required on each job site are:
  - Boots or shoes that cover feet
  - Long pants---**NO** shorts
  - T-shirts with sleeves okay---**NO** tank tops or cut off shirts**\*\*\*Failure to wear a hard hat and safety vest while outside of your vehicle will result in a \$100.00 fine and/or removal from job.**
- If you are unable to get your tag to the truck foreman, you MUST bring the tag to the office the same day it was written.
- Be aware of when your sub-haul paperwork expires. Notification will be on you Fee Paid statement. You will **not** receive you paycheck until all paperwork is complete and turned into our dispatch office.
- Before leaving the shop or starting your daily work, you must inspect your equipment and the trailer(s) you will be pulling! If we receive a “fix-it” ticket that requires payment, you will be backcharged for the amount of the ticket.
  - Check Brakes-Apply with no leaks and adjust
  - Check Tire Pressure
  - Check that all Lights work
  - Check that your Back Up Alarm works
  - Check that Gates open/close (Bottom Dump)
  - Check that the Box lifts all the way up (End Dump)

**\*\*\*We will supply items to fix these problems if we are notified of the problem before leaving the shop. It becomes your responsibility once you leave the shop and are on a job site.**

I, \_\_\_\_\_, have read and understand the policies stated above. I acknowledge that if I do not follow these rules accordingly, I may be removed from the job permanently.

X \_\_\_\_\_

Date \_\_\_\_\_





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We MUST have your tag into our office the day you worked. If you have a truck foreman on site, please turn in your tag to the foreman each day after you work. If you do not have a truck foreman on site, ask the dispatcher where to turn your tag in and turn it in to that location/person DAILY. If you are required to turn it into our office and cannot reach the office the day you worked, a faxed copy will suffice for the day. **We will still need the original! If we do not receive your tag within three (3) days, it will not be processed for payment until the following month. NO TAG = NO PAY.**

**IN ADDITION, If you are working on any public works jobs, you are required to fill out the paperwork regarding each individual driver and truck that will be working on the job site for the sustainability report. We require this for all new sub hauler drivers. **NO PUBLIC WORKS PAPERWORK = NO PAY.****

**NOTICE:** If you are pulling our trailers and/or leasing a truck from G&J. As a company, we are legally obligated to have all inspections kept on file for our BIT inspection. We respect the law and what they require from us, as should you. Therefore, we require you to fill out an inspection DAILY! (You should be inspecting all equipment daily before leaving the yard). Put this DAILY inspection inside your tag when you turn your tag in. If we do not receive a trailer inspection, one will be written up for you to sign at another time.

**IF YOU FAIL TO FILL OUT MORE THAN 5 TRAILER INSPECTION FORMS WITHIN A MONTH OF WORK, YOU WILL BE BACKCHARGED A \$25 FEE FOR THE MONTH.**

THERE WILL BE AN INCREASE IN COST FOR MORE THAN 15 WITHIN A MONTH OF WORK.

This backcharge is for our time and effort to do something you are responsible for.

**ALL BLANK FORMS ARE AVAILABLE FROM THE OFFICE OR DISPATCHER**

**5-Axle Truck**

**5-Axle Trailer**

**9-Axle Trailer**

DRIVER'S VEHICLE INSPECTION REPORT

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. / P.M.

TRUCK/TRAILER NO: \_\_\_\_\_ (OWNER'S REGISTRATION)

<input type="checkbox"/> No. Components	<input type="checkbox"/> Fuel Add.	<input type="checkbox"/> Safety Equipment
<input type="checkbox"/> No. Lanes	<input type="checkbox"/> Fuel Tanks	<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Lights	<input type="checkbox"/> Oil	<input type="checkbox"/> Pallet/Load/Tray
<input type="checkbox"/> Brake	<input type="checkbox"/> Lights	<input type="checkbox"/> Reflective Triangle
<input type="checkbox"/> Wheel Assemblies	<input type="checkbox"/> Head Lamp	<input type="checkbox"/> Alarm (Horn & Siren)
<input type="checkbox"/> Motor, Puffing	<input type="checkbox"/> Tire Tread	<input type="checkbox"/> Horn and Bells
<input type="checkbox"/> Lubrication	<input type="checkbox"/> Tire Rotation	<input type="checkbox"/> Brakes
<input type="checkbox"/> Check	<input type="checkbox"/> Wipers	<input type="checkbox"/> Steering
<input type="checkbox"/> Coupling Device	<input type="checkbox"/> W/Motor	<input type="checkbox"/> Suspension System
<input type="checkbox"/> Chassis/Frame	<input type="checkbox"/> Oil Pressure	<input type="checkbox"/> Tire Chain
<input type="checkbox"/> Drive Line	<input type="checkbox"/> Brakes	<input type="checkbox"/> Tire
<input type="checkbox"/> Engine	<input type="checkbox"/> Air Filter	<input type="checkbox"/> Components
<input type="checkbox"/> P/B System	<input type="checkbox"/> Air Lines	<input type="checkbox"/> Top Assembly
<input type="checkbox"/> P/B Valve	<input type="checkbox"/> Air Lines	<input type="checkbox"/> Wheels and Rims
<input type="checkbox"/> Tank & Support	<input type="checkbox"/> Air Lines	<input type="checkbox"/> Windows
		<input type="checkbox"/> Electrical System
		<input type="checkbox"/> Other

Remarks: \_\_\_\_\_

CONDITION OF ABOVE VEHICLE IS SATISFACTORY

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED BE CORRECTED FOR SAFE OPERATION OF VEHICLE

DRIVER'S VEHICLE INSPECTION REPORT

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. / P.M.

TRAILER(S) NO(S): \_\_\_\_\_

<input type="checkbox"/> Brake Connections	<input type="checkbox"/> Chain	<input type="checkbox"/> Suspension System
<input type="checkbox"/> Tires	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Slewable
<input type="checkbox"/> Landing Devices	<input type="checkbox"/> Engine Oil	<input type="checkbox"/> Tire
<input type="checkbox"/> Landing (Ramp) Pits	<input type="checkbox"/> Air Lines/Brake Lines	<input type="checkbox"/> Wheel and Rims
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Remarks: \_\_\_\_\_

CONDITION OF ABOVE VEHICLE IS SATISFACTORY

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED BE CORRECTED FOR SAFE OPERATION OF VEHICLE

DRIVER'S VEHICLE INSPECTION REPORT

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. / P.M.

TRUCK/TRAILER NO: \_\_\_\_\_ (OWNER'S REGISTRATION)

<input type="checkbox"/> No. Components	<input type="checkbox"/> Fuel Add.	<input type="checkbox"/> Safety Equipment
<input type="checkbox"/> No. Lanes	<input type="checkbox"/> Fuel Tanks	<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Lights	<input type="checkbox"/> Oil	<input type="checkbox"/> Pallet/Load/Tray
<input type="checkbox"/> Brake	<input type="checkbox"/> Lights	<input type="checkbox"/> Reflective Triangle
<input type="checkbox"/> Wheel Assemblies	<input type="checkbox"/> Head Lamp	<input type="checkbox"/> Alarm (Horn & Siren)
<input type="checkbox"/> Motor, Puffing	<input type="checkbox"/> Tire Tread	<input type="checkbox"/> Horn and Bells
<input type="checkbox"/> Lubrication	<input type="checkbox"/> Tire Rotation	<input type="checkbox"/> Brakes
<input type="checkbox"/> Check	<input type="checkbox"/> Wipers	<input type="checkbox"/> Steering
<input type="checkbox"/> Coupling Device	<input type="checkbox"/> W/Motor	<input type="checkbox"/> Suspension System
<input type="checkbox"/> Chassis/Frame	<input type="checkbox"/> Oil Pressure	<input type="checkbox"/> Tire Chain
<input type="checkbox"/> Drive Line	<input type="checkbox"/> Brakes	<input type="checkbox"/> Tire
<input type="checkbox"/> Engine	<input type="checkbox"/> Air Filter	<input type="checkbox"/> Components
<input type="checkbox"/> P/B System	<input type="checkbox"/> Air Lines	<input type="checkbox"/> Top Assembly
<input type="checkbox"/> P/B Valve	<input type="checkbox"/> Air Lines	<input type="checkbox"/> Wheels and Rims
<input type="checkbox"/> Tank & Support	<input type="checkbox"/> Air Lines	<input type="checkbox"/> Windows
		<input type="checkbox"/> Electrical System
		<input type="checkbox"/> Other

Remarks: \_\_\_\_\_

CONDITION OF ABOVE VEHICLE IS SATISFACTORY

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED BE CORRECTED FOR SAFE OPERATION OF VEHICLE

I, \_\_\_\_\_, have read and understood the stipulations stated above. I understand all consequences of not turning in the appropriate paperwork in a timely manner.

X \_\_\_\_\_ Date: \_\_\_\_\_



10810 Ave 184, Tulare, CA 93274

Driver Name:

Company:

Date:

**Safety Orientation** for the CA High-Speed Rail Project

1. **NO CELL PHONES** may be used while driving in the load or dumpsite. On the public highways all California state laws will be enforced which means it is illegal to use a phone that is not hands free. Improper use of cell phones will be cause for termination from the project.
2. Personal protective equipment (**PPE**) is required any time you get out of your vehicle. This includes a **HARD HAT, REFLECTIVE SAFETY VEST, CLOSE TOED SHOES, EYE PROTECTION** and **GLOVES** (if the task requires it)
3. **It is a DFJV policy that drivers will not get out of their truck for any reason while at the dumpsite.** If you have a problem that requires you to be out of your vehicle, contact the foreman and wait for arrival. The DFJV Foreman is the only person that can authorize you to get out of your truck at the dumpsite. If you are authorized to exit your truck at the dumpsite you **MUST** put your 4-way flashers on to signal to the operators that you do not want to be pushed. If you need to use the bathroom or deal with something on your truck, we have provided a safe area at the load site.
4. We need to minimize our impact on the public as much as possible. This includes following all driving laws when on public roadways. Be sure to pay close attention and not cut people off when entering the highways. Do not pull onto the shoulder to get up speed. **Only enter the highway when you can safely enter** the established lane. Be aware of passing vehicles, when someone wants to pass slow down and let them get safely back in the lane.
5. At the load site you must be paying attention. Before passing heavy equipment make eye contact to avoid collision. **DO NOT STOP behind a working piece of equipment.** If you need to get out of your truck, do it in the designated safe area by the bathrooms.
6. This is a **drug free workplace.** Any substance that may impair your ability to drive is strictly prohibited.
7. G&J requires every driver to perform there Pre and Post trip equipment inspections. Each company or owner operator should maintain files including **DVIR's** and 90-day inspections. We require all trucks to be maintained to the standards set by the DOT in the state of California. We provide access to our shop mechanics if repairs are needed at one's expense. Do not operate your truck if you find an equipment defect making it unsafe. Get it fixed before returning to work.

I have read and understand these rules for the High-Speed Rail Project. I will abide by all of them while working on this project.

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



10810 Avenue 184  
Tulare, CA 93274  
Phone: 559-684-1943 Fax: 559-684-1937

SUBHAULER # \_\_\_\_\_

DECAL # \_\_\_\_\_

HSR Jobsite  
Truck Info Sheet  
Sustainability Report Form

Truck Company Name: \_\_\_\_\_

Truck Number: \_\_\_\_\_

Truck Lic. #: \_\_\_\_\_

Truck Make: \_\_\_\_\_

Truck Model: \_\_\_\_\_

Truck VIN#: \_\_\_\_\_

Engine Make: \_\_\_\_\_

Engine Horsepower: \_\_\_\_\_

Truck Year: \_\_\_\_\_

Fuel Type: \_\_\_\_\_



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**Subhauler Truck Information (Owner Operator)**

Driver Name: \_\_\_\_\_ Truck #: \_\_\_\_\_

Truck Company Name: \_\_\_\_\_ Truck Lic. #: \_\_\_\_\_

Truck Make: \_\_\_\_\_ Truck Model: \_\_\_\_\_

Truck VIN #: \_\_\_\_\_  
(Please enter VIN # Complete)

Engine Make: \_\_\_\_\_ Engine Horsepower: \_\_\_\_\_

Truck Year: \_\_\_\_\_ Fuel Type: \_\_\_\_\_

Transmission: \_\_\_\_\_ Rear Ends Make \_\_\_\_\_

Do you own any trailers? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many and what type?

- |   |  |
|---|--|
| <input type="checkbox"/> (SB) SEMI BOTTOM ( )   | <input type="checkbox"/> HIGH SIDE END DUMP ( )        |
| <input type="checkbox"/> (DB) DOUBLE BOTTOM ( ) | <input type="checkbox"/> LOW SIDE END DUMP ( )         |
| <input type="checkbox"/> SIDE DUMP ( )          | <input type="checkbox"/> PNEUMATICS TANK ( )           |
| <input type="checkbox"/> FUEL TANKER ( )        | <input type="checkbox"/> WATER TANK (8,000 GALLONS ( ) |
| <input type="checkbox"/> FLAT BED ( )           | <input type="checkbox"/> OTHER ( )                     |
| <input type="checkbox"/> LOW BED ( )            |  |

Are you IRP Certified?

Interstate Only  YES  NO

Intrastate Only  YES  NO

PLEASE REFER TO ADDITIONAL EQUIPMENT LIST PROVIDED FOR MULTIPLE UNITS

<b>G&amp;J HEAVY HAUL-TEAMSTERS INFORMATION</b>
---

G&J Subhaul Number	
G&J Badge Number	
Last 3 Digits of Driver Licence	
Driver License Expiration Date	
Driver License Endorsements	<input type="checkbox"/> T <input type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> OTHER
First Name	
Last Name	
Address	
City	
State	
Zip	
Type of Equipment you operate	5-Axle Botton Dump
Telephone Number	
Social Security Number	
Date of Birth	
Are you a member of another Union Local	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If so, what Local #	N/A
First Day Worked for G&J	
Are you an Owner Operator	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an employee Driver	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Driver Signature** \_\_\_\_\_

**G&J Representative** \_\_\_\_\_



Local Union 431 Social Security Number \_\_\_\_\_

Print Name \_\_\_\_\_

**AUTHORIZATION FOR DEDUCTION OF SUPPLEMENTAL DUES**

I, the undersigned member of, or non-member using the Employment Office (Hiring Hall) facilities of Local Union 137, 150, 287, 315, 386, 431, 439, 533, 665, 853, 890, or 912, hereby authorize any employer contractor signatory to the Teamster Master Agreement or Teamster's / AGC Agreement. Providing for supplemental dues, to deduct from my wages the amount of such dues as specified in said Agreement, as amended from time to time, and remit the same to the Designated Trust Fund Administrator, P.O. Box 5820, Fremont, CA 94537, for Northern California at the same time that Health and Welfare Contributions are made to said Trust.

This authorization and assignment shall be irrevocable for the term of the applicable contract between the Unions and the Contractors, or for one year, whichever is lesser, and shall automatically renew itself for successive yearly or applicable contract periods thereafter, whichever is lesser, unless I give written notice to the Company and the Union at least sixty (60) days, but not more than seventy-five (75) days before any periodic renewal date of this authorization and assignment of my desire to revoke same.

Date \_\_\_\_\_ UNION DUES ARE NOT TAX DEDUCTIBLE.

Signature \_\_\_\_\_

ORIGINAL - UNION COPY

YELLOW - TRUST FUND'S COPY



**TAG/FREIGHT BILL EXAMPLE (GIVE TO EACH DRIVER)**

**Emp/Sub #** 12345 (Number we give you)



**G&J Job #** Office only  
 SHIPPING ORDER and FREIGHT BILL 281295

DISPATCH  DATA ENTRY

**DATE** Todays Date

**TRUCK OWNER** Your Company name

10810 Avenue 184, Tulare, CA 93274 | Office (559) 684-1943  
 CA #298825 | CL #1016495

- 10 WHEEL
- SUPER 10
- TRANSFER
- SEMI END
- SEMI BOTTOM
- SEMI SIDE
- DOUBLE BOTTOM
- OTHER

**EQUIPMENT**  
 5-AXLE  
 9-AXLE

**TRUCK NUMBER** Your Truck #

**PRINT NAME** Driver Name

**TRAILER NUMBER** Only if renting G&J Trailer

**DECAL #** Last 4 of license plate

**BADGE #** Last 3 of DL

**PRIME CARRIER** G&J

**CONSIGNEE** Provided by Dispatch

**SHIPPER** Provided by Dispatch

**DESTINATION** Provided by Dispatch

**POINT OF ORIGIN** Where you are picking up

**CITY**

**CITY**

**CUSTOMER JOB NO.**

**CONTRACT NO.**

**MATERIALS** What Material????? **LOADING** **UNLOADING** **FUEL GAL.** **ONE WAY MILEAGE**

NO.	SCALE TAG NO.	YARDS OR WEIGHT	LOADING			UNLOADING			COMMENTS
			TIME ARRIVE	TIME LEAVE	STAND BY	TIME ARRIVE	TIME LEAVE	STAND BY	
1.	Write down if any	Weight on scale tag	Time got there to pick up	Got loaded		Time got there to drop	Got off loaded		If you had to leave the job early or broke down notate it **Provide Time Frame Ex: Flat tires, Mechanical Issues, etc.
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

**OFFICE USE ONLY**

13.									<b>TOTAL HOURS</b>	
14.									<b>TOTAL TONS</b>	
15.									<b>TOTAL LOADS</b>	
16.									<b>HOURS / TONS / LOADS</b>	
17.									<b>RATE \$</b>	
18.									<b>STANDBY \$</b>	
<b>TIME LEFT YARD</b>			<b>TIME ARRIVED AT SITE</b>						<b>STANDBY ALLOWED</b>	
<b>LUNCH OUT</b>			<b>LUNCH IN</b>						<b>STANDBY BILLED</b>	
<b>TIME LEFT SITE</b>			<b>TIME ARRIVED AT YARD</b>						<b>OTHER CHARGES \$</b>	
<b>DRIVER'S SIGNATURE</b> Driver signs here						<b>NET TIME HOURS</b>			<b>TOTAL CHARGES \$</b>	
<b>RECEIVED BY</b> X Get Signed out						<b>MINUTES</b>				

OFFICE ONLY

\*Attorney's Fees: In the event the parties hereto become involved in litigation arising out of this contract, or the performance thereof, the court in such litigation, or in a separate suit, shall award reasonable costs, expenses and attorney's fees to the prevailing party. The court shall not be bound by any court fee schedule, and may, in the interest of justice, award the full amount of costs, expenses and attorney's fee incurred in good faith. All bills are due and payable by the 20th of the month. 2% per month is charged on past due accounts. This is an annual percentage rate of 24%. Semi Bottoms, End Dumps, and 10 Wheelers are hourly unless otherwise agreed upon by both parties in writing.  
 THESE CHARGES INCLUDE (1) FEES TO PAY FOR REGULATION OF TRANSPORTATION COMPANIES BY THE PUBLIC UTILITIES COMMISSION, AND (2) TAXES PAID TO CALIFORNIA CITIES INSTEAD OF EXCISE OR BUSINESS LICENSE TAXES THEY COULD OTHERWISE IMPOSE.  
 NOTICE: Our drivers and independent contractors will make every effort to place material where customer designates, but the company assumes no responsibility for damage inside curb.