



OWNER OPERATOR INFORMATION

BUSINESS NAME: _____ DATE BUSINESS STARTED: _____

OWNER NAME: _____ CELL #: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

COMPANY FEIN: _____

DRUG TESTING CONSORTIUM/PROVIDER: _____

PREFERRED METHOD OF PAYMENT:

PICK UP AT CR EXPRESS INC _____ MAILED TO MAILING ADDRESS ABOVE _____

MAIN CONTACT OPERATIONS:

NAME: _____ CELL: _____

MAIN CONTACT BILLING:

NAME: _____ CELL: _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS TO CR EXPRESS INC FOR YOUR INDEPENDENT CONTRACTOR FILE PRIOR TO BEING APPROVED FOR DISPATCH:

- W9
- COPY OF CDL FOR EACH DRIVER
- COPY OF CURRENT MVR FOR EACH DRIVER
- CURRENT MEDICAL CARD FOR EACH DRIVER
- SS CARD FOR EACH DRIVER
- TRACTOR REGISTRATION
- PROOF OF IFTA (if you have your own)
- CURRENT DOT ANNUAL INSPECTION
- CURRENT CERTIFICATE OF INSURANCE NAMING CR EXPRESS INC

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DRIVER INFORMATION

NAME: _____

CDL#: _____ STATE OF ISSUE: _____ EXPIRATION: _____

HAZMAT? _____ DOB: _____ YEARS OF EXPERIENCE: _____

CELL: _____ TRUCK # _____

DRIVER INFORMATION

NAME: _____

CDL#: _____ STATE OF ISSUE: _____ EXPIRATION: _____

HAZMAT? _____ DOB: _____ YEARS OF EXPERIENCE: _____

CELL: _____ TRUCK # _____

DRIVER INFORMATION

NAME: _____

CDL#: _____ STATE OF ISSUE: _____ EXPIRATION: _____

HAZMAT? _____ DOB: _____ YEARS OF EXPERIENCE: _____

CELL: _____ TRUCK # _____

DRIVER INFORMATION

NAME: _____

CDL#: _____ STATE OF ISSUE: _____ EXPIRATION: _____

HAZMAT? _____ DOB: _____ YEARS OF EXPERIENCE: _____

CELL: _____ TRUCK # _____

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TRUCK INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

VIN # _____ DAYCAB _____ SLEEPER _____

POWER PLATE # _____ STATE _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

VIN # _____ DAYCAB _____ SLEEPER _____

POWER PLATE # _____ STATE _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

VIN # _____ DAYCAB _____ SLEEPER _____

POWER PLATE # _____ STATE _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

VIN # _____ DAYCAB _____ SLEEPER _____

POWER PLATE # _____ STATE _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

VIN # _____ DAYCAB _____ SLEEPER _____

POWER PLATE # _____ STATE _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

VIN # _____ DAYCAB _____ SLEEPER _____

POWER PLATE # _____ STATE _____



CR EXPRESS INC BASIC RULES OF CONDUCT

(THESE DO NOT SUPERCEDE OR OVERRIDE ANY AS SET FORTH IN YOUR IC AGREEMENT WITH CR EXPRESS INC)

- NO CO-DRIVERS
- NO PASSENGERS
- NO HAND HELD CELL PHONES OR TEXTING WHILE DRIVING
- NO HANDGUNS/FIREARMS
- ARRIVE AT APPOINTMENTS ON TIME-IF YOU ARE RUNNING LATE ADVISE DISPATCH IMMEDIATELY
- AS SOON AS SAFETY PERMITS, ADVISE DISPATCH OF ANY ACCIDENTS, DOT STOPS, MECHANICAL ISSUES
- ALWAYS REPRESENT YOUR COMPANY AND CR EXPRESS INC IN THE MOST PROFESSIONAL MANNER WHEN DEALING WITH CUSTOMERS AND THE PUBLIC

CR EXPRESS INC PAPERWORK FOR LOADS IS TO BE TURNED IN ON A DAILY BASIS. PLEASE HAND DIRECTLY TO DISPATCH OR PLACE IN RAIL MAIL BOX AT FRONT DOOR

We look forward to a long term relationship with you. Please communicate with us directly should you have any concerns or suggestions.

I have read, agree to and will adhere to the requirements set forth in this document and my CR Express Inc Independent Contractor Agreement.

Business Name: _____ Signed: _____

Date: _____