

**TRUCK QUALIFICATION**

The following information is needed in order to complete this packet:

Terminal#: \_\_\_\_\_

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

Independent Business Entity Name: \_\_\_\_\_

Independent Business Entity Company Name (IBE): \_\_\_\_\_

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

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

IBE Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

TRACTOR

TRAILER

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_

STATED VALUE: \_\_\_\_\_

STATED VALUE: \_\_\_\_\_

STATE of LICENSE: \_\_\_\_\_

STATE of LICENSE: \_\_\_\_\_

PLATE NUMBER: \_\_\_\_\_

PLATE NUMBER: \_\_\_\_\_

PLATE EXPIRATION: \_\_\_\_\_

PLATE EXPIRATION: \_\_\_\_\_

Unladen Weight: \_\_\_\_\_

Unladen Weight: \_\_\_\_\_

Reg Gross Weight: \_\_\_\_\_

Reg Gross Weight: \_\_\_\_\_

TRACTOR LEINHOLDER: If applicable

TRAILER LEINHOLDER: If applicable

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE, ZIP: \_\_\_\_\_

STATE, ZIP: \_\_\_\_\_

## THE FOLLOWING IS REQUIRED FOR LEASING ON EQUIPMENT

1. Copy of valid tractor registration.
2. Copy of valid trailer registration.
3. Copy of annual inspection for all pieces of equipment.
4. Photograph of equipment.
5. Power of attorney-if authorized payee is different than registered owner.

Escrow deposit is \$1,000.00 (one thousand dollars) per tractor.

The Escrow deposit will be deducted at \$50.00 dollars per week, starting at the end of the second week. The Motor Carrier offers an optional maintenance fund, deduction and total balance to be determined by Independent Business Entity's.

### **CURRENT DEDUCTIBLES ARE AS FOLLOWS:**

1. Liability Insurance \$1,000.00 (one thousand dollars).
2. Cargo Insurance \$2,500.00 (two thousand five hundred dollars).
3. Physical Damage Insurance \$1,000.00 (one thousand dollars – if applicable), plus applicable tow bill
4. Interchange/Equipment Damage  
\$ 1,500.00 if repairable (one thousand five hundred) plus applicable tow bill  
\$ 2,500.00 if not repairable (two thousand five hundred) plus applicable tow bill

### **BOBTAIL/DEADHEAD – PHYSICAL DAMAGE INSURANCE PROGRAM:**

Available to All Permanent Units

Insurance forms must be filled out and signed by the owner.

We must have the forms in our office at the time of application.

Insurance company requires upfront money for physical damage.

**Physical Damage (optional) – Rates available upon request.**

**Bobtail/Deadhead - \$45.00 Per. Month**

No up-front money required for bobtail/deadhead.

Deducted on the first day of each month.

If a unit that is coming on under permanent lease does not want our Bobtail/Deadhead Insurance, we require an original certificate from the owner's insurance company, showing coverage for bobtail/deadhead insurance, in the amount of \$500,000 (five hundred thousand dollars) showing THE MOTOR CARRIER as "CERTIFICATE HOLDER". This must be on file before we will release THE MOTOR CARRIER'S Credentials.

**REQUEST FOR BOBTAIL INSURANCE**  
**THIS FORM MUST BE COMPLETED IN FULL**  
(PLEASE PRINT CLEARLY OR TYPE)

**ADD**       **DECLINE**       **CANCEL**       **CHANGE**

EFFECTIVE DATE: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

COMPANY REQUESTING COVERAGE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

PERSON REQUESTING COVERAGE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IBE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP \_\_\_\_\_

Tractor \_\_\_\_\_ Trailer \_\_\_\_\_

YEAR: \_\_\_\_\_ YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_ MODEL: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

STATED VALUE: \_\_\_\_\_ STATED VALUE: \_\_\_\_\_

VALUATION AT TIME OF LOSS IS BASED ON STATED VALUE OR ACTUAL CASH VALUE (ACV), WHICHEVER THE LESSER

TRACTOR LEINHOLDER:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE, ZIP: \_\_\_\_\_

TRAILER LEINHOLDER:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE, ZIP: \_\_\_\_\_

IBE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**REQUEST FOR PHYSICAL DAMAGE**

**THIS FORM MUST BE COMPLETED IN FULL**

(PLEASE PRINT CLEARLY OR TYPE)

**ADD**

**DECLINE**

**CANCEL**

**CHANGE**

EFFECTIVE DATE: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

COMPANY REQUESTING COVERAGE: \_\_\_\_\_

DIVISION: \_\_\_\_\_

PERSON REQUESTING COVERAGE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

IBE NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**TRACTOR**

**TRAILER**

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_

SERIAL NO #: \_\_\_\_\_

STATED VALUE: \_\_\_\_\_

STATED VALUE: \_\_\_\_\_

**VALUATION AT TIME OF LOSS IS BASED ON STATED VALUE OR ACTUAL CASH VALUE (ACV), WHICHEVER IS LESSER.**

**TRACTOR LEINHOLDER:**

**TRAILER LEINHOLDER:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE, ZIP: \_\_\_\_\_

STATE, ZIP: \_\_\_\_\_

**IBE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**POWER OF ATTORNEY**

I, \_\_\_\_\_ GIVE MY POWER OF ATTORNEY TO  
\_\_\_\_\_  
\_\_\_\_\_ ALLOWING HIM/HER TO USE THE LISTED EQUIPMENT AND LICENSE  
PLATE. THIS POWER OF ATTORNEY ALSO ALLOWS \_\_\_\_\_ TO COLLECT ALL REVENUES AND  
BE RESPONSIBLE FOR ALL EXPENSES INCURRED BY THE EQUIPMENT AND IBE'S QUALIFIED DRIVER WHILE UNDER  
LEASE WITH THE MOTOR CARRIER AT 1155 STOOPS FERRY RD, CORAOPOLIS, PA 15108.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
TRACTOR SERIAL NUMBER

\_\_\_\_\_  
TRACTOR PLATE NUMBER

State: \_\_\_\_\_

County: \_\_\_\_\_

I, a Notary Public of above said County, do hereby certify that

(Printed Name of Notary)

\_\_\_\_\_, who as, signed the above  
(Printed name of owner) (Title)

bearing date the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ for \_\_\_\_\_.  
(Company Name)

**STAMP:**

\_\_\_\_\_  
Signature of Notary

## PERMIT REQUEST FORM

All Independent Business Entities are ***required*** to complete this form to be sure you receive the proper credentials needed for hauling freight in the specific locations for the year.

Kentucky \_\_\_\_\_ N. Mexico \_\_\_\_\_ N. York \_\_\_\_\_ Oregon \_\_\_\_\_

**\* IF YOU MAINTAIN YOUR OWN NEW YORK HUT ACCOUNT, PROOF OF ACTIVE ACCOUNT IS REQUIRED\***

### ANNUAL OVERWEIGHT CONTAINER PERMITS (IBE charges apply & may vary)

Florida \_\_\_\_\_ Maryland \_\_\_\_\_ North Carolina \_\_\_\_\_ New Jersey \_\_\_\_\_  
South Carolina \_\_\_\_\_ Georgia \_\_\_\_\_ Pennsylvania \_\_\_\_\_ Virginia \_\_\_\_\_  
Texas \_\_\_\_\_ Louisiana \_\_\_\_\_ Port of Miami \_\_\_\_\_

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### LIQUOR LICENSES

New Jersey \_\_\_\_\_ West Virginia \_\_\_\_\_ Maryland \_\_\_\_\_ Massachusetts \_\_\_\_\_

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### INTRA STATE AUTHORITIES

Texas \_\_\_\_\_

**Tractor Statistics \*\*Photo of Tractor Required-please attach or e-mail to [safety@arlnetwork.com](mailto:safety@arlnetwork.com)\*\***

IBE Name: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Serial Number: \_\_\_\_\_

State of License: \_\_\_\_\_ Plate Number: \_\_\_\_\_ Plate Expiration: \_\_\_\_\_

Color: \_\_\_\_\_ Cabover: \_\_\_\_\_ Conventional: \_\_\_\_\_ Day Cab: \_\_\_\_\_ Hot Shot: \_\_\_\_\_

# Axles: \_\_\_\_\_ Odometer: Miles \_\_\_\_\_ or Kilometers \_\_\_\_\_

Unladen Weight: \_\_\_\_\_ Reg Gross Weight: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Stated Value: \$ \_\_\_\_\_

**IBE Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## IFTA PROGRAM

### Fuel & Miles

\*\* Will Require Company IFTA decal    Yes                      No                      \*\* (proof of IFTA required if no is marked)

A weekly deduction of \$ \_\_\_\_\_ will be made from each unit enrolled in the Motor Carrier's IFTA program and put into a Road & Fuel Fund toward any possible charges due to the states at the end of each quarter. The IBE must purchase enough fuel to cover the miles traveled by the unit in each state. After the quarterly taxes have been filed; the weekly deductions will be reimbursed in the same settlement that the quarterly fuel tax credit/debit is entered. The weekly deduction is continuous until the unit is cancelled or is no longer using the Motor Carrier's IFTA program. The weekly deduction can be changed at carrier's discretion based on areas of operation and fuel purchasing patterns, but will always be a minimum of \$20/week.

### Mileage Records (Logs)

Every IFTA licensee must maintain records of all interstate and intrastate operations of qualified motor vehicles. Individual vehicle mileage records or trip reports including the elements below are acceptable for recordkeeping:

1. Dates of trip (starting and ending);
2. Trip origin and destination (including city and state);
3. Routes of travel and beginning and ending odometer readings;
4. Total trip miles or kilometers;
5. Distance by jurisdiction (state/province);
6. Vehicle unit number;
7. Vehicle fleet number; and
8. Carrier's name.

The motor carrier obtains mileage records based on IBE driver's logs/trip reports. It is required that logs be turned in weekly to ensure accurate mileage reporting. Logs/trip reports must be complete, correct and legible to ensure taxes are properly calculated. Due to DOT and IFTA regulations faxed logs are not permitted. Refer to the Policies and Procedures Manual for further log instructions. Mileage records must be kept by fuel type and summarized by unit on a monthly/quarterly basis.

### Fuel Receipts

Every carrier must maintain complete records of all fuel purchases. The records must include fuel data on each unit and be reflected in monthly fleet summaries. All non-Comdata fuel receipts must be turned in weekly with the corresponding log to obtain proper credit. Unit number should be clearly printed on all fuel receipts. The fuel records must contain the following:

1. Date of purchase;
2. Name and address of the seller;
3. Number of gallons or liters, converted to gallons, purchased;
4. Type of fuel purchased;
5. Price per gallon or liter;
6. Unit number of the vehicle into which the fuel was placed; and
7. Purchaser's name.

Acceptable fuel receipts include invoice, credit card receipts and hand written receipts that must contain all of the above information. Receipts that contain alterations or erasures will not be accepted by the PA Department of Revenue. In the absence of adequate records or other evidence satisfactory to the PA Department of Revenue showing the number of miles operated by a motor carrier's qualified motor vehicles per gallon of motor fuel, the department will consider one gallon of motor fuel to have been consumed for each four miles operated

**I acknowledge having read and understood the requirements for participating in the Motor Carriers IFTA program.**

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

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

IBE name: \_\_\_\_\_

## MOTOR CARRIER POLICIES

### HOS/Log Policy

This policy pertains to all qualified drivers for the motor carrier. Please refer to the policies and procedures manual for information on HOS/log regulations and Motor Carrier requirements.

Due to pressure from our insurance carrier and in an effort to increase compliance with all DOT regulations regarding logs and hours of service, the following policy regarding drivers who are late submitting logs will be enacted. Driver fatigue is one of the leading causes of accidents and the hours of service are in place to help prevent that. Carrier requests that all logs are turned in weekly. Enforcement will focus on drivers who are habitually not turning in logs within the 13 days required by DOT.

Step 1: Terminals will be notified on their weekly compliance report of all IBE drivers in violation who must submit past due logs within 7 days. IBE and IBE driver will be notified of the logs owed via e-mail and phone and that the IBE driver has 7 days to get into compliance via email PDF or Carrier approved phone app and e-mailed directly to [safety@arlnetwork.com](mailto:safety@arlnetwork.com). If the IBE driver complies and the logs are correct then the IBE driver will not proceed to step 2 unless they fall behind again. If the logs are not received, are falsified or do not comply with the requirements set forth by the FMCSA and Carrier policies the IBE driver will proceed to Step 2. Any IBE driver who is written up for logs not being current on a roadside inspection will automatically be subject to step 2 of this policy.

Step 2: On the 8<sup>th</sup> day, IBE's driver will be placed out of service and all logs that were not received in step 1 must be submitted within 24 hours. IBE's driver must submit logs on a daily basis via email PDF or Carrier approved phone app and e-mailed directly to [safety@arlnetwork.com](mailto:safety@arlnetwork.com). In addition, the IBE driver will be placed on 6 months provisional review.

Step 3: If the IBE's driver fails to send in logs on a daily basis, as outlined in the provisional review, settlements will be held until the next scheduled settlement date immediately following 7 consecutive days of compliance. Continued non-compliance may result in disqualification with the motor carrier.

### Vehicle Maintenance- (Maintenance Program):

Under section 396 of the Federal regulations a motor carrier is required to ensure that every vehicle under lease (Tractor and / or Trailer) is inspected and maintained according to a systematic process. Our process is a Quarterly Inspection, at a carrier approved site, that meets the FMCSA guidelines for a full federal inspection. This inspection must be done timely to meet the Federal requirements.

30 day advance notice will be given to the Terminal and IBE of the upcoming expiration and weekly thereafter until received.

If the equipment is not inspected within those 30 days, the unit in question will be placed out of service and not permitted to operate until a passing inspection is received. If the passing inspection is completed on a non-business day, the form must be emailed to [safety@arlnetwork.com](mailto:safety@arlnetwork.com). An acknowledgement email will be sent whether or not the IBE can be placed back in service for dispatch.

If an IBE's truck or trailer fails two (2) Quarterly inspections consecutively, the unit will be placed into a maintenance intervention program that will require the unit to receive monthly inspections for a minimum of 6 months, at the IBE's expense on a date specified by the Motor Carrier.

### Compliance:

30 days advance notice will be given by the Motor Carrier to the Terminal and IBE of all expiring compliance issues. Compliance credentials must be submitted to the carrier in a timely manner as outlined below. This is necessary to avoid any Out Of Service issues. IBE's drivers of units who do not submit Compliance Credentials prior to the expiration date, will be placed out of service, fuel cards shut off and not permitted to operate any unit.

Non Trucking Insurance (BTDH), IBE Driver Long Form Physicals & accompanying medical cards, CDL Renewals, Vehicle license plate, Annual review - must be submitted by noon on the day of expiration. If the expiration date falls on a non-business day, it must be submitted the prior business day.



**CSA (Roadside inspections):**

All Roadside inspection reports must be submitted to the Carrier within 24 hrs. of the roadside. This includes all inspections; clean or ones that incurred violations. Any roadside resulting in vehicle maintenance violations must have accompanying proof of repair.

If in any 12 month period an IBE incurs Two (2) Roadside inspections with any violations that are considered Out of Service, by the FMCSA, that IBE Driver or unit will be placed on a provisional review. If it is a mechanical issue, the unit will be placed into a maintenance intervention program that will require the unit to receive monthly inspections for a minimum of 6 months, at the IBE's expense.

If a third (3<sup>rd</sup>) Roadside Inspection occurs with any Out of Service violations on operator, unit or provider equipment within any 12 month period the IBE will be disqualified.

**I acknowledge having read and understood the above policies for the Motor Carrier.**

**Independent Business Entity:** \_\_\_\_\_

**Print IBE name:** \_\_\_\_\_

**IBE Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Carrier Roadside Reward/Forfeiture Policy

### Rewards:

Any IBE/ IBE driver who incurs a 100% clean roadside inspection with no violations (Roadside write up and/or citation) what so ever, including truck, trailer or chassis or IBE/ IBE driver , the IBE will be rewarded as follows:

Level 1 inspection\* (Full Inspection Equipment and Driver to North American Standards) - \$300.00

Level 2 Inspection\*- \$125.00 (Walk around Driver/ Vehicle Inspection)

Level 3 Inspection\*- \$75.00 (Driver/ Credential Only inspection)

\*\*\*As defined by CVSA under the North American Inspection Standards

Rewards will be settled after receiving an original copy of the clean roadside inspection at the corporate office. The original roadside inspection form must be to the corporate office within 10 days to be eligible for a reward. The reward will be added to the IBE's next regularly scheduled settlement after receipt at the corporate office.

It is the sole responsibility of the IBE to assign or dispense directly to the IBE's driver.

### Forfeitures:

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the Unsafe Driving basic for **cell phone** use and /or Texting while operating a Commercial Motor Vehicle (CMV) will be deducted forfeiture as follows:

1st offense- Written warning and \$250.00 forfeiture

2nd offense in a 2 yr. period of any prior offense- 6 month provisional review and \$550.00 forfeiture

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the Unsafe Driving basic for not wearing a **seatbelt** while operating a CMV will be deducted forfeiture as follows:

1st offense- Written warning and \$100.00 forfeiture

2nd offense in a 2 yr. period of any prior offense - 6 month provisional review and \$250.00 forfeiture

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the HOS Basic category for **False report of duty status, Record of duty status not current, over the 11 or 14 hour rules or 30 minute break rule** will be deducted a forfeiture as follows:

1st offense- Written warning and \$100.00 forfeiture

2nd offense in a 2 yr. period of any prior offense- 6 month provisional review, \$250.00 forfeiture and must install Rand McNally EOBR at the IBEs expense.

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the Unsafe Driving basic for **Speeding (any speed, excluding construction zone), Failure to obey a traffic control device, or lane use** will be deducted a forfeiture as follows:

1st offense- Written warning and \$100.00 forfeiture

2nd offense in a 2 yr. period of any prior offense - 6 month provisional review and \$250.00 forfeiture

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the Unsafe Driving basic for **Speeding in a**

**construction zone** will be deducted forfeiture as follows:

1st offense- 6 month Provisional review and \$500.00 forfeiture

2nd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Any IBE/ IBE driver who incurs **ANY** violation (Roadside write up and/or citation) related to the Hazmat basic will be deducted a forfeiture as follows:

1st offense- Written warning , \$250.00 forfeiture and must complete an Online HazMat training course through JJ Keller at the IBE's expense and must pass with a 70% or better score.

2nd offense in a 2 yr. period of any prior offense - 6 month provisional review and \$550.00 forfeiture, will not be permitted to haul a hazmat load for a period of 12 months from the date of violation.

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

**If the IBE receives more than one write up for any of the aforementioned violations in one roadside the IBE will be assessed for both forfeitures and will be immediately disqualified. There will be no eligibility for requalification with the carrier for a minimum of 3 years from the date of violation. In order to be reconsidered, there must be no violations on the IBE driver's records from the disqualification date to the time requesting to return, listing the aforementioned violations.**

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the Vehicle Maintenance basic for **Tires ( any related violation), Inoperative headlamps ( low or high beam), defective or missing lighting devices/reflective devices/projected / reflex tape, fire extinguisher, safety equipment, windshield wipers or washers** will be deducted a forfeiture as follows:

1st offense- Written warning and \$100.00 forfeiture

2nd offense in a 2 yr. period of any prior offense - 6 month provisional review and \$250.00 forfeiture

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Forfeitures for Vehicle Maintenance Violations on either Vehicle 1 (Truck) or Vehicle 2 (Trailer or Chassis), will be deducted from the IBE if the violation is placed against the motor carrier. Violations placed against the Intermodal Equipment Provider (IEP) will not count against the IBE/IBE Driver.

All forfeitures will be directly deducted from the Independent Business Entity (IBE). It is the sole responsibility of the IBE to assign, dispense or deduct directly from the IBE's driver. Deductions for Forfeitures will be collected immediately after the notification from the FMSCA to the carrier. No forfeitures will be broken up into payments and will be in addition to any fines imposed by any Governmental agency involved written to the IBE driver/carrier.

**I acknowledge having read and understand the above policies of the Motor Carrier.**

**Independent Business Entity:** \_\_\_\_\_

**Print IBE Name:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

## TERMINATING/LEAVING WITHIN 6 MONTHS

It is the responsibility of the IBE to notify the Safety Department in the corporate office of any changes to the IBE's status: Termination of an IBE's Driver, Canceling of any Equipment, Etc. Failure to notify the Safety Department of these changes could result in ongoing charges for Occupational Accident Insurance, Physical Damage Insurance, Non-Trucking Liability Insurance, Etc. being deducted.

Cancellation must be submitted in writing and e-mailed to the Safety Department at [safety@arlnetwork.com](mailto:safety@arlnetwork.com). The safety department will acknowledge receipt for a finalized record of cancellation. If you do not have an acknowledgement or reply within 24 hours, the request has not been finalized and will need resubmitted.

In the event the IBE ceases services through the Carrier on a continuing basis within six (6) months after the effective date, or terminates IBE's driver or truck the IBE authorizes Carrier to deduct an early terminations fee of \$200.00 from IBE's settlements or escrow account to reimburse the carrier for qualification/orientation and permit expenses incurred by the carrier.

There will be a \$100.00 administrative fee for the pre-qualification drug test if cancelled within six (6) months. This deduction will be taken from the Independent Business Entity.

**Independent Business Entity:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**E-mail Address (required):** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## Idle Control Strategies

- |   |             |    |
|---|-------------|----|
| 1. Direct Fired Heater This is a separate heater system that runs on electric or its own Tank to provide heat to cab and sleeper                              | Yes         | No |
| 2. Auxiliary Power Unit - A on board generator reducing carbon emission by eliminating idling   | Yes         | No |
| 3. Truck Stop Electrification (TSE) allows truck drivers to have heat, air condition and electricity For in-cab appliance without idling without truck engine | Yes         | No |
| 4. Driver Slip Seat - 2 or more drivers switch in and out of one truck  | Yes         | No |
| 5. Team Drivers - 2 drivers managing one truck  | Yes         | No |
| 6. Engine Shut down A device mounted on the engine that will shut the engine off Automatically after idling for 5 to 10 minutes                               | Yes         | No |
| 7. Other idle reductions            Other ways you reduce your idle time  | Yes         | No |
| 8. Weekly Average Idle<br>Time – Hours (Over a whole week (7 days) of operating hours you sit and idle)   | Hours _____ |    |

## Aerodynamic Devices Combination & Single Unit Trucks

- |  |     |    |
|--|-----|----|
| 1. Aero Profile Tractor Truck with a rounded bumper, curved hood to direct air over trailer              | Yes | No |
| 2. Cab-Over Engine A cab over engine the driver's cab is on top of the engine                            | Yes | No |
| 3. Integrated Cab Roof - Fairing - Cab and Sleeper all in one  | Yes | No |
| 4. Cab Roof Fairing This is an added roof fairing  | Yes | No |
| 5. Cab Roof Deflector Used on day cab usually square or wing shaped fairing                              | Yes | No |
| 6. Cab Side Fairing - One solid piece built in step and covers the truck fuel tank                       | Yes | No |
| 7. Cab air dam Front Bumper - Rounded bumper that has opening for the air to past through                | Yes | No |
| 8. Cab Aerodynamic - Mirror  | Yes | No |
| 9. Trailer Gap Reduction - Black rubber on the side of the sleeper or sliding fifth wheel                | Yes | No |
| 10. Trailer Side Skirts - Skirt attached to trailer rails to deflect wind past the bottom of the trailer | Yes | No |

## Tire Technology

- |  |     |    |
|--|-----|----|
| 1. Single Wide - Super singles that are installed in place of the dual-tires setup     | Yes | No |
| 2. Automatic Inflation System monitor and continually adjust the level of air pressure | Yes | No |
| 3. Low pro/resistance Short sidewall height or aspect ratio on a tire                  | Yes | No |

## Weight Reduction

- |  |            |    |
|--|------------|----|
| 1. Aluminum Wheels   | Yes        | No |
| 2. Aluminum Axle Hubs  | Yes        | No |
| 3. Aluminum Fuel Tank  | Yes        | No |
| 4. Aluminum Cab Frame  | Yes        | No |
| 5. Average Payload in LBS.            This is the weight of load or freight you haul | LBS. _____ |    |

## Advanced Lubricant Technology

- |  |     |    |
|--|-----|----|
| 1. Synth Engine Lubricants Synthetic oil is artificial made to improve fuel economy              | Yes | No |
| 2. Synth drive train lubricants - Artificially made synthesized brands (Rotela, Lucas, Sandpico) | Yes | No |

## Engine and Truck Upgrades

- |                              |   |     |    |
|------------------------------|---|-----|----|
| 1. Direct Drive Transmission | One to one gear ratio or over drive in your tractor | Yes | No |
| 2. Single Drive Axle         | One axle at the rear of the truck                   | Yes | No |
| 3. Tandem Drive Axle         | Two axles at the rear of the truck                  | Yes | No |

## Speed Management

- |                            |   |           |    |
|----------------------------|---|-----------|----|
| 1. Reduced Speed of Travel | Do you drive at lower speed than is limited on the highways | Yes       | No |
| 2. Have Truck Turned Back  | Do you have a governor set on your engine                   | Yes       | No |
| 3. Average Speed – MPH     |   | MPH _____ |    |

## Area of Operation

- |                              |   |     |    |
|------------------------------|---|-----|----|
| 1. Over the Road             | Do you haul across country                | Yes | No |
| 2. Regional (over 100 miles) | Haul 100 miles or more from you terminal  | Yes | No |
| 3. Local (100miles or less)  | Haul 100 miles or less from your terminal | Yes | No |

## Check all that apply for your truck(s)

- |   |                                    |     |    |
|---|------------------------------------|-----|----|
| 1. Diesel-Electric Hybrid - Diesel-electric hybrid tractor that is powered by both Diesel engine and electric motor |                                    | Yes | No |
| 2. Alternative Fuel   | Non-conventional or advanced fuels | Yes | No |
| 3. LPG  | Liquid propane                     | Yes | No |
| 4. LNG  | Liquid nitrogen                    | Yes | No |
| 5. Biodiesel 100  |                                    | Yes | No |
| 6. Biodiesel 20   |                                    | Yes | No |
| 7. Biodiesel 5  |                                    | Yes | No |
| 8. Biodiesel 2  |                                    | Yes | No |
| 9. Ethanol 85   |                                    | Yes | No |
| 10. Engine Reflashed for Nitrogen - Engine was changed to run on nitrogen   |                                    | Yes | No |
| 11. Use Pre-Pass  |                                    | Yes | No |
| 12. Diesel Oxidation Catalyst   |                                    | Yes | No |
| 13. Diesel Particulate Filter   |                                    | Yes | No |
| 14. Cooled Exhaust Gas recirculation  |                                    | Yes | No |

## Engine Information

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

Engine Year \_\_\_\_\_

Engine Model \_\_\_\_\_

Engine (HP) \_\_\_\_\_

IBE Print Name: \_\_\_\_\_

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

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

Terminal: \_\_\_\_\_

Unit: \_\_\_\_\_

## IRP LICENSE PLATE PROGRAM

The Motor Carrier has established an International Registration Program (IRP License Plate) account with the State of Indiana. These license plates are apportioned for 48 states and Ontario at 80,000 lbs. no exceptions.

If an Independent Business Entity (IBE) should require Motor Carrier to license his/her unit, the following items will be required prior to ordering the plate:

1. Copy of the title, front and back in owner's name.
2. Copy of current 2290 (Federal Highway Use Tax) receipt stamped paid.

\*\*\*Should lease be cancelled by either the IBE or Carrier, or the IBE elects to not renew or "opt out" of the IRP program, regardless of the option chosen below, the license plate and registration card MUST BE returned within SEVEN (7) days of cancellation per the lease agreement to ARL Transport LLC, 1155 Stoops Ferry Rd. Moon Twp., PA 15108. The IBE's will be charged the weekly usage fee, in which the deposit will be used to cover these fees, until the plate is resold/reassigned. If the license plate and registration card are not returned within 7 days, the plate will be reported stolen to Indiana IRP and the local authorities. The IBE's plate deposit will be forfeited and the plate will no longer be valid.

### CARRIER WILL ONLY EXCEPT THE FOLLOWING METHODS OF PAYMENT: CERTIFIED CHECK, MONEY ORDER, OR CREDIT CARD

- I would like to request a license. (Please select an option below)
- I do not require a license plate.

\_\_\_\_\_  
Independent Business Entity

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

\_\_\_\_\_  
Date

**Option I:**

IBE will pay for the full cost of the plate up front plus a \$75.00 administration fee. The plate will be discounted \$200 if a 12 month plate is purchased. Pro-rated plates bought mid-term, are not sold at a discounted rate. The plate cost and administration fee may only be paid for by Certified Check, Money Order or by Credit Card. The plate will remain the property of the carrier. Should the IBE cancel please follow the above \*\*\* instructions. The IBE will be reimbursed the pro-rated value (less any discounted rate given at the time of purchase) after it is resold/reassigned.

**Option II:**

The IBE will be required to submit a certified check, money order or credit card in the amount of \$575.00 of which \$75 will be an administration fee and a \$500.00 deposit. There will be a weekly plate charge of \$45.00 starting the first week the plate is issued and for the duration of the enrollment in the IRP license plate program. The plate will remain the property of the carrier, should the IBE cancel please follow the above \*\*\* instructions.

### AGENT CONSENT AND AGREEMENT TO THE LICENSE PLATE PROGRAM

I \_\_\_\_\_ Terminal Number \_\_\_\_\_ do here by give my consent for the above IBE  
(Terminal Manager) (Terminal #)

to enter in to the Plate Program for the aforementioned Motor Carrier.

The option for which I give my consent will be:

\_\_\_ Option I- Prepaid Plate program

\_\_\_ Option II - \$ 500.00 Plate Security Deposit – Weekly usage fee

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It is further understood, that should the aforementioned IBE default on the balance of the money owed on this plate under Option II it will be the responsibility of the Terminal/ Agent to reimburse the Motor Carrier for any cost it may incur due to the purchase of this License Plate.

Agent \_\_\_\_\_

Date \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) <sup>ca</sup> _____  <input type="checkbox"/> Other (see instructions) <sup>ca</sup> _____	Exemptions (see instructions):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
				-				

## 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 on page 3.

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

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**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.