



E. **Present and Previous Employment History**

1.

_____ Name	_____ Telephone #	_____ Date From/To
_____ Address	_____ Reason for Leaving	

2.

_____ Name	_____ Telephone #	_____ Date From/To
_____ Address	_____ Reason for Leaving	

3.

_____ Name	_____ Telephone #	_____ Date From/To
_____ Address	_____ Reason for Leaving	

F. **Emergency Contact** (Persons not living with you to be contacted in an emergency).

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I understand that this is not an application for employment, and that any work would be performed as an independent contractor on a commission-only basis. I hereby certify that the facts set forth in the above application are true and complete. I understand that if I become an agent, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial credit record through any investigative or credit agencies or bureaus of you choice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**AGENCY PROFILE**

**A. Background Information**

Name of Agency \_\_\_\_\_

Address (Physical) \_\_\_\_\_  
Street City State Zip

Address (Mailing) \_\_\_\_\_  
Street City State Zip

Office Phone# \_\_\_\_\_ 800# \_\_\_\_\_ Fax# \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address#2 \_\_\_\_\_

Sole Proprietorship                       Partnership                       Corporation

Date Formed \_\_\_\_\_ Federal ID/Social Security# \_\_\_\_\_

**B. Major Customers and Commodities**

Name	City/State	Commodities	%	Flat/Van/Reefer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**C. Equipment Detail (Owned or Leased) (Attach list if more space is needed)**

Year	Make	Model	Serial#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D. Other Information**

Ever been denied bonding? (Give complete details including bonding company and reason for decline)

Any history of bankruptcy? (Give complete details including dates).

What percent of your business comes from brokers/logistics companies?

Any lawsuits pending or filed against agency? (Give complete details including name of attorney, nature of suit, etc).

E. **Agency History** (Include present and former carriers represented). Note: Present carriers will not be contacted without your permission).

1.

Carrier Name	Contact	Telephone #	Date From/To
Address	Comm. Rate	Reason For Leaving	

2.

Carrier Name	Contact	Telephone #	Date From/To
Address	Comm. Rate	Reason For Leaving	

3.

Carrier Name	Contact	Telephone #	Date From/To
Address	Comm. Rate	Reason For Leaving	

F. **Terminal Personnel**

Name	Address	Telephone #	Position
Name	Address	Telephone #	Position

WHAT CAN WE DO TO HELP YOU INCREASE YOUR REVENUES AND/OR PROFITABILITY?

APPLICANT'S CERTIFICATION AND AGREEMENT

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



NOTICE AND ACKNOWLEDGMENT
IMPORTANT— PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION
American Transport ("the Company" or "Employer") may obtain information about you from a consumer reporting agency for employment purposes.
ACKNOWLEDGMENT AND AUTHORIZATION
I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.
Applicant Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW
Employer (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes.
In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person.
Applicant Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

TO BE COMPLETED BY APPLICANT
The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only.
Please Use An Ink Pen And Print Clearly. Use "UPPER CASE" Letters, One Letter Per Block.
Last Name, First Name, Middle Name, Other Last Names Used, Current Address, City, State, Zip, Date of Birth (mm/dd/yyyy), Social Security No., Driver's License No., Other States and Counties I Have Lived

## 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, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
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 Line 1 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.

Social security number
or
Employer identification number

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

### 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).

**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 4.

<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.

#### 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, 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.

**Note.** If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,