

KING TRANSPORT LLC

MINIMUM REQUIREMENTS FOR DRIVER SIGN ON

- MUST BE AT LEAST 23 YEARS OLD
- MUST HAVE CLASS "A" CDL
- MUST HAVE MINIMUM OF TWO YEARS OF TRACTOR TRAILER EXPERIENCE (RECENT)
- NO MORE THAN 3 PREVENTABLE ACCIDENT OR MOVING VIOLATIONS (COMBINATION OF TWO) IN THE PAST THREE YEARS
- NO DUI'S IN THE PAST 5 YEARS
- FELONIES WILL BE REVIEWED ON AN INDIVIDUAL BASIS

ITEMS NEEDED FROM DRIVERS

- INFORMATION SHEET FILLED OUT WITH CONTRACTOR (OWNER) NAME, TRUCK INFORMATION, DRIVER INFORMATION, PERMITS REQUESTED ECT...
- PRE-APP COMPLETE AND SIGNED, INCLUDING A 3 YEARS WORK HISTORY (WE CHECK 3 MOST RECENT YEARS-WITH NO GAPS IN EMPLOYMENT)
- REFERENCE AUTHORIZATION FROM SIGNED
- DAC RELEASE FORM SIGNED AND DATED
- HAZMAT TEST COMPLETE
- BRAKE INSPECTOR FORM
- PRE-EMPLOYMENT DRUG TETS RESULTS (NEGATIVE)
- COPY OF CDL
- COPY OF LONG FORM PHYSICAL AND MEDICAL CARD
- PSP FORM

ITEMS NEEDED FOR EQUIPMENT

- TRACTOR REGISTRATION
- TRACTOR FWHA (ANNUAL) INSPECTION
- NON TRUCKING INSURANCE
- CONTRACTOR CONTACT EMERGENCY INFORMATION

NEEDED AT ORIENTATION

- INFORMATION TO FILL OUT 4 PAGES APPLICATION WITH 10 YEARS WORK HISTORY
- LOG HOUR FOR THE PREVIOUS 7 DAYS
- ANY ITEMS MISSING FROM THE ABOVE LIST

*PLEASE FAX BACK TO (770)985-6238 OR EMAIL TO KINGTRANSPORTAPP@GMAIL.COM



King Transport LLC

2250 Oak Road

Ste 206

Snellville, GA 30078

1 of 4

CONTRACTOR APPLICATION

In compliance with Federal and State laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Name: _____ Date of Birth: _____
LAST, FIRST INITIAL MO DAY YEAR

Address(es) from previous 3 years: _____
STREET CITY STATE ZIP

STREET CITY STATE ZIP

STREET CITY STATE ZIP

Social Security Number: - - Telephone Number: () -
Cell Phone Number: () - Email: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name & Address: _____
Telephone () - Relationship: _____
Cell Phone Number: () - Email: _____

How were you referred to King Transport LLC? _____

Have you ever been a qualified driver with King Transport LLC? ____ Yes ____ No

If YES, please give the dates & reason for leaving: _____

After qualification, can you submit evidence that you are at least 23 years of age? ____ Yes ____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied? ____ Yes ____ No

DRIVING EXPERIENCE/RECORD: (List all driver licenses held during the last 3 years.)

STATE	LICENSE #	ENDORSEMENTS	EXPIRATION

King Transport LLC | CONTRACTOR APPLICATION | 2 of 4

All applicants to drive in intra/interstate commerce must provide the following information on all companies worked for during the preceding 10 years. (Add another sheet as necessary)

From: MO YEAR To: MO YEAR Employer Name: _____
Employer Address: _____ Position: _____
Supervisor: _____ Telephone: () - _____
Description of Duties: _____
Commodity Hauled (Check all that apply): ☐ Steel Coils ☐ General ☐ Other Reason for Leaving: _____
Were you subject to FMCSR's? ☐ Yes ☐ No Was this job safety sensitive subject to drug and alcohol testing? ☐ Yes ☐ No

From: MO YEAR To: MO YEAR Employer Name: _____
Employer Address: _____ Position: _____
Supervisor: _____ Telephone: () - _____
Description of Duties: _____
Commodity Hauled (Check all that apply): ☐ Steel Coils ☐ General ☐ Other Reason for Leaving: _____
Were you subject to FMCSR's? ☐ Yes ☐ No Was this job safety sensitive subject to drug and alcohol testing? ☐ Yes ☐ No

From: MO YEAR To: MO YEAR Employer Name: _____
Employer Address: _____ Position: _____
Supervisor: _____ Telephone: () - _____
Description of Duties: _____
Commodity Hauled (Check all that apply): ☐ Steel Coils ☐ General ☐ Other Reason for Leaving: _____
Were you subject to FMCSR's? ☐ Yes ☐ No Was this job safety sensitive subject to drug and alcohol testing? ☐ Yes ☐ No

From: MO YEAR To: MO YEAR Employer Name: _____
Employer Address: _____ Position: _____
Supervisor: _____ Telephone: () - _____
Description of Duties: _____
Commodity Hauled (Check all that apply): ☐ Steel Coils ☐ General ☐ Other Reason for Leaving: _____
Were you subject to FMCSR's? ☐ Yes ☐ No Was this job safety sensitive subject to drug and alcohol testing? ☐ Yes ☐ No

From: MO YEAR To: MO YEAR Employer Name: _____
Employer Address: _____ Position: _____
Supervisor: _____ Telephone: () - _____
Description of Duties: _____
Commodity Hauled (Check all that apply): ☐ Steel Coils ☐ General ☐ Other Reason for Leaving: _____
Were you subject to FMCSR's? ☐ Yes ☐ No Was this job safety sensitive subject to drug and alcohol testing? ☐ Yes ☐ No

From: MO YEAR To: MO YEAR Employer Name: _____
Employer Address: _____ Position: _____
Supervisor: _____ Telephone: () - _____
Description of Duties: _____
Commodity Hauled (Check all that apply): ☐ Steel Coils ☐ General ☐ Other Reason for Leaving: _____
Were you subject to FMCSR's? ☐ Yes ☐ No Was this job safety sensitive subject to drug and alcohol testing? ☐ Yes ☐ No

King Transport LLC | CONTRACTOR APPLICATION | 3 of 4

PREVIOUS 3 YEARS DRIVING RECORD – Please list any accidents within the prior 3 years: (391.27)

Month/Year	Type of Accident	Type of Vehicle	Injuries or Fatalities

TRAFFIC CONVICTIONS & FORFEITURES for previous 3 years (other than parking violations):

Month/Year	Location	Charge	Penalty

Has your license been revoked or suspended during the previous 3 years? ____ Yes ____ No If yes, give circumstances:

EDUCATION & MILITARY STATUS:

Check Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 or GED College/Trade: 1 2 3 4

Have you served in the U.S. Armed Forces? ____ Yes ____ No Branch:

Reserve Status: Rank at Discharge: Dates: From: MO YEAR To: MO YEAR

ADDITIONAL INFORMATION & EDUCATION:

Add any additional information you regard as pertinent to the position for which you have applied:

CLASS OF EQUIPMENT TYPE OF EQUIPMENT DATES: From / To APPROX # OF MILES

Tractor & Trailer			
Tractor & Doubles			
Light Weight			
Other			

CFR 49 PART 382.413 – This information will be verified with all previous employers for the prior three years, in accordance with Department of Transportation regulations:

Have you ever tested positive for controlled substances? ☐ Yes ☐ No

Have you ever tested at .02 or higher alcohol concentration? ☐ Yes ☐ No

Have you ever refused to submit to a controlled substance or alcohol test? ☐ Yes ☐ No

Have you ever tested positive or refused a pre-employment drug or alcohol test? ☐ Yes ☐ No

If you have answered YES to any of the above questions, please provide documentation from the Substance Abuse Professional of your release.

Have you ever been convicted of, forfeited bond or collaborated upon, any of the following charges:

A felony? ☐ Yes ☐ No

A felony, the commission of which involved the use of a motor vehicle? ☐ Yes ☐ No

A crime involving the manufacturing, knowing transportation, possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? ☐ Yes ☐ No

Operating a motor vehicle under the influence of drugs or alcohol? ☐ Yes ☐ No

Leaving the scene of an accident resulting in personal injury or death? ☐ Yes ☐ No

If the answer to any of the above is "YES", explain in detail, giving dates, etc.: _____

TO BE READ AND SIGNED BY THE APPLICANT:

This certifies the application above, was completed by myself, and that all entries within are true and complete to the best of my knowledge.

I authorize **King Transport LLC** (Including DAC and Bureau of Motor Vehicles) to make such investigations and inquiries of my personal, work, financial driving and medical history and other related matters as may be necessary in arriving at a leading decision. I hereby authorize employers, schools or persons to release all records of employment including assessments of my job performance, ability, fitness, driving history alcohol testing and controlled substance history to each and every company or authorized agent which may request such information in connection with my application with said company. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of qualification, I understand that false or misleading information given in this application or interview(s) may result in disqualification and or cancellation of my lease agreement. I further understand that I am required to abide by all rules and regulations of the Company and Department of Transportation as permitted by law.

In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting.

This application for an Independent Contractor position with **King Transport LLC** is pending the results of my Motor Vehicle Report, results of any Controlled Substance/Alcohol testing and inquiries to previous employers.

Date

Contractor / Applicant's Signature

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP (Online Service)

1. In connection with your application for employment with _____ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification; that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.
3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.
4. Please note; Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date

Signature

Name (Please Print)

REQUEST FOR REFERENCE:

1 of 1

TO: _____

FROM: **King Transport LLC**
2250 Oak Road
Ste 206
Snellville, GA 30078
Phone: (404)456-7105
Fax: (770)985-6238 Email: kingtransportapp@gmail.com

Dear Personnel Manager,

The individual named below has applied at **King Transport LLC** to be qualified as a commercial motor vehicle driver. Your firm is listed by the applicant as a previous employer or State entity holding licensing information. Please reply to this inquiry regarding the mentioned applicant. As you will note from the waiver stated below, all liability of you and your company has been released by the applicant. Please return by fax to **(770)985-6238** or email to kingtransportapp@gmail.com as soon as possible or if mailing, to the above address. Thank you in advance for your cooperation!

– **King Transport LLC**

NAME OF APPLICANT: _____ SOCIAL SECURITY #: _____ - _____
DATE OF BIRTH: _____ CDL LICENSE # _____ STATE OF LICENSE: _____

Please provide this individuals dates of employment: FROM: _____ TO: _____

Was this individual a Commercial Motor Vehicle Driver while with your Company? ☐ Yes ☐ No

What kind of equipment was driven: ☐ Tractor Trailer ☐ Straight Truck ☐ Other: _____

Trailer Type: ☐ Flatbed ☐ Container ☐ Van ☐ Reefer ☐ Other: _____

What type of commodities were transported? _____ Trailer size: _____

Was he/she qualified as: ☐ Owner/Operator ☐ Driver for an Independent Contractor ☐ Company Driver

Other: _____ ☐ Full Time ☐ Part Time ☐ Casual

Were there any accidents? ☐ Yes ☐ No If so, how many were preventable? _____

Date and description: _____

Is this driver knowledgeable of DOT Regulations? ☐ Yes ☐ No Hazardous Materials? ☐ Yes ☐ No

Were there any repeated or severe Company Policy Violations? ☐ Yes ☐ No Hours of Service or logging violations?

Reason for leaving: ☐ Discharged ☐ Resigned ☐ Lay off ☐ Other: _____

Is he/she eligible for rehire? ☐ Yes ☐ No If NO, please explain: _____

In accordance with 382.413, please provide the following Controlled Substance/Alcohol information for any driver qualified within the previous three years:

Has this driver/applicant ever tested positive for controlled substances? ☐ Yes ☐ No

Has this driver/applicant ever tested at a 0.02 or higher alcohol concentration level? ☐ Yes ☐ No

Has this driver/applicant ever refused a controlled substance or alcohol test? ☐ Yes ☐ No

If yes to any of the above, was this driver referred to a Substance Abuse Professional? ☐ Yes ☐ No

Name of person supplying information: _____ Date: _____

Signature: _____ Title: _____

I hereby authorize this company (including DAC and Bureau of Motor Vehicles) to release all records of employment, including assessments of my job performance, ability, fitness, driving history and alcohol testing history, controlled substance history, to each and every company (or authorized agent) which may request such information in connection with my application with said company. I hereby release this company from any and all liability of any type as result of providing the above information for the undersigned.

In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting.

Applicant's Signature: _____ Witness' Signature: _____



King Transport LLC

SUBSTANCE ABUSE POLICY RECEIPT

I, _____, acknowledge receipt of the Substance Abuse Policy of King Transport LLC in accordance with 49 CFR 382.601.

I acknowledge and agree that I am responsible for reading, understanding and obeying all Company policies and DOT regulations regarding alcohol and drug testing. I further understand because changes in the federal law or regulations may occur from time to time, terms and conditions of the Company's policy may also change without the Company being able to give prior notice. Nonetheless, I agree to comply with the DOT's regulations and the Company's policies regarding substance abuse use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating DOT regulations and/or Company policies. I have been advised that any questions regarding these materials should be addressed to the Director of Safety. Prior to signing this receipt, I read the materials provided and had an opportunity to ask questions regarding its content.

Driver's Signature

Date

Terminal Manager's Signature



King Transport LLC

At Fault Accident Agreement

I, _____, acknowledge receipt of the At Fault Accident Agreement of King Transport LLC.

I acknowledge and agree that I am responsible for all insurance deductibles and the towing fees for my at fault accidents. I also understand that if the insurance increases to an unreasonable amount due to my at fault accident I can be terminated or I will be responsible for a portion of the unreasonable amount.

Driver's Signature

Date

Terminal Manager's Signature



King Transport LLC

No Passenger Coverage Policy Receipt

I, _____, acknowledge receipt of the No Passenger Coverage Policy of King Transport LLC.

I understand that passengers will not be covered in the event of an accident.

Driver's Signature

Date

Terminal Manager's Signature

King Transport LLC
Qualifications of Brake Inspectors
(Section No. 79, CFR 396.25)

The motor carrier shall ensure that each brake inspector is qualified as follows:

Understands the brake service or inspection task to be accomplished and can perform that task.

Is knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an assigned brake service or inspection task.

Is capable of performing the assigned brake service or inspection by reason of experience, training or both as follows:

- ☐ Has successfully completed an apprenticeship program sponsored by a State or Canadian Province, a Federal Agency or a labor union, or a training program approved by a State, Provincial or Federal Agency, or has a certificate from a State or Canadian Province, which qualifies the person to perform the assigned brake service or inspection task (including passage of Commercial Driver's License air brake tests in the case of a brake inspection).
- ☐ Has brake-related training or experience or a combination thereof totaling at least one year. Such training or experience may consist of:
 - A. Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection tasks.
 - B. Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier maintenance program.
 - C. Experience performing brake maintenance or inspection similar to the assigned service or inspection task at a commercial garage, fleet leasing company, or similar facility.

I certify, by signing this form, that I meet the requirements (by checking a box or boxes above) to qualify as an inspector of brakes under Section No. 49 CFR 396.25.

Name of Inspector (print)

Signature of Inspector

Date

Inspector Social Security No.

Witness Signature

KINGS TRANSPORT LLC, COMPANY SAFETY POLICY (Cell Phone and Texting Bans)

1. Texting Ban: Rule 392.80 of the Federal Motor Carrier Safety Regulation's Handbook states that: You may not manually enter text into or read text from an electronic device while driving a CMV. This includes e-mailing, text messaging, using the internet, pressing more than one button to start or end a phone call, or any other form of text retrieval or entry for communication purposes.

Company Policy for King Transport LLC is very simple in regard to the above rule. Any driver who is caught texting by a company representative or by law enforcement, will be placed on probation or lease will be terminated. It is up to the discretion of the company to determine the appropriate action depending on the situation. Any fine that Horizon receives as a result from a citation due to this violation, will be passed directly on to the driver.

I certify that I have read and understand the above company policy/rule and will comply with this company policy/rule.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Company Representative _____ Title/ Date: _____

2. Hand-held Cell Phone Ban: Rule 392.82 of the Federal Motor Carrier Safety Regulation's Handbook states that: You are prohibited from using a hand-held cell phone while driving a CMV. This includes talking on a phone while holding it in your hand (including push-to-talk), pressing more than a single button to dial or answer a cell phone, or leaving your normal, seated driving position to reach for a cell phone.

Company policy for King Transport LLC is as follows for cell phones: King does not permit any driver to talk on either a hand-held cell at any time or a hands-free cell during busy traffic times / heavy traffic congestion you may encounter on the road. If the driver is caught on any kind of a cell phone they will be warned and placed on probation for the first offense. For the second offense, their lease with our company will be terminated. If a driver is caught on a hand-held cell phone that is not hands-free at any time, their lease with our company will be terminated and any fine that the company may receive from law enforcement, will be passed directly on to the driver.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Company Representative _____ Title/ Date: _____



King Transport LLC

DRIVER STATEMENT OF ON-DUTY HOURS

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the driver's total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier (see Section 395.8(j)(2) Federal Motor Carrier Safety Regulations).
NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Motor Vehicle Operator's License Number _____

Type and Class of License _____ Issuing State _____

DAY	1 yesterday	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M.
_____ P.M. On _____
Time Month Day Year

Drivers' Signature

Witness' Signature and Date



King Transport LLC

DRIVER DAILY LOG PROCEDURES

FILLING OUT THE LOG

1. Use a medium ball point pen, preferably blue or black ink.
2. Place you numbers and letters neatly inside the boxes
3. Fill out all boxes from the left to right. Do not worry about the extra boxes at the end.
4. Only fill out the boxes that you need to. Do not place the words "none" or N/A" in boxes that you are not using.
5. Boxes which need to be filled in (pre trip inspection, post trip inspection, quarter hours) must be completely shaded.
6. When filling out the hours of service grid, please use a straight edge through the white area. Any lines that do not stay in the white area will not be calculated by the computer and may be read as a violation.
7. Please do not fold, staple tear, punch holes in or do anything to alter the log form. All four corners must be in place to be read by the scanner.

LOG GRID

1. Month/Day/Year – fill in today's date in the correct boxes. Do not fill in with multiple dates.
2. Total mileage today – at the end of the day place the total miles that you drove for that day.
3. Beginning odometer-place the mileage shown on your odometer at the beginning of the day in the boxes.
4. Driver ID Code – your ID code is the first 2 letters of your first name, the first letter of your last name and the first 6 digits of your social security number. Place it in the boxes.
5. Signature box – after accurately completing the entire form place your full signature in the box
6. Total miles driving today – place the total miles driven by the truck you are in. This number will be the same as #2 if you are not operating as a team
7. Tractor number – place your 4 digit tractor number starting with the first box.
8. Co-driver code – if you are operating as a team, have the co driver place their driver id code in the box
9. Co-driver signature – if operating as a team have the co-driver sign the log where it asks for signature
10. Pre trip inspection block – must be marked to show pretrip inspection being done
11. The grid – all hours of service must be recorded in this area. Please remember to use a straight edgewhen tracking your hours of service through the grid.
12. Total hours – place the number of total hours of service in the boxes. All hours must be broken down into quarters. Make sure to shade in the quarter hour boxes to the total number of hours will equal 24.
13. Remarks – this area will be the same as before – fill out your stopping poings, origins, destinations, pre trip inspections, roadside inspections, drug and alcohol tests, etc.



King Transport LLC

DRIVER DAILY LOG PROCEDURES

14. Manifests 1-2-3 place the appropriate manifest numbers that you are using throughout the day.
15. Trailer numbers – place the container numbers you are pulling that day
16. Chassis 1-2-3 – place the chassis number(s) associated with the container
17. Home Terminal code Place the terminal number that you are domiciled with. If you are not sure of the terminal number that you are domiciled out of please call your dispatcher.

NOTE: The date field at the top of the log is for the current date. DO NOT put multiple dates on the top of the log. There are 2 blocks located at the end of your remarks section “#of days off duty” includes today. This is where you put the total number of off duty days. Please use your remarks section to show dates for which you are off. Example: If you are off from January 1, 1997 until January 7, 1997, you will show 2-2-97 at the top of the log, the remarks section should show 1/1 to 1/7 off duty and the blocks must show 07 for the total days off duty. If this is not filled out, your logs will show missing from 1/2/97 to 1/7/97. Also, be sure to put in the remarks section the days you will be off.

Trip Lease drivers are not to use Horizon Freight System, Inc. logbooks but should have their own log book to use. Trip Lease logs are to be turned in with trip paperwork, not sent separate. This will eliminate any confusion as to where the logs are to be filed.

FUEL MILEAGE COMPUTATION:

All states, miles traveled and routes used are required in this section. Logs sent to our office with no mileage by states or routes traveled, will be returned and cause a delay in your settlement process.

All drivers are now required to fill out the following memo with regard to log requirements now in place please familiarize yourself with these as all items listed will be returned to the terminal to forward to corporate. There is also a copy of this in your “driver compliance section” please be sure to make copies of this until it has been added to the orientation book.

COMPLIANCE/HOURS OF SERVICE ENFORCEMENT

If you read the most recent newsletter, you know that the Department of Transportation recently audited us. The audit revealed areas in need of some improvement, as well as area's needing immediate attention. The majority of these areas have concerned logs. I'm sure you are all familiar with this topic, and you probably think it's not a big deal. Well I have news for you. It is a big deal, and we're very serious when I say that we need to get our logs into 100% compliance. The following compliance policies and enforcement action is a direct result of a number of operator's non-compliance with the regulations. Please review the below information as it is imperative that we all comply with the new policies:



King Transport LLC

DRIVER DAILY LOG PROCEDURES

NOTE: The majority of logs checked against time dated documents and found to be false, could have easily been legal if the operator would have taken his time and logged the events as they occurred. The regulations state, you must always have 7 days worth of logs with you at all times, and your logs must be current to your last change of duty status. Don't try to recreate a log, complete it as you go!

Effective December 1, 2000, the following policies will apply:

1. All roadside inspection reports must be turned into to your agent or terminal manager along with any supporting documents indicating repairs, or corrective action taken, while stopped during the roadside. The agent or terminal manager must then forward the report to Cleveland Safety after they have verified repairs or compliance items have been complied with. This report must be sent in so that we can forward to the state within 15 days.
2. Each roadside inspection report must be accompanied with a current, accurate and legal log attached. (Attach the log to the roadside inspection)
3. The roadside inspection report, along with the city and state where you were stopped must be logged on-duty not driving for the period while stopped by the officer. For stops less than 15 minutes you can flag the stop noting the city and state. Also, you must be in compliance with all speed limits (note: the DOT allows 5 MPH under the speed limit to average your speed) for all changes of duty status. The total miles and total driving hours will be reviewed, as will all changes of duty status. (Ex. If you drove 500 miles for the day in 10 hours, the average speed is 50 MPH, which would be ok for speed limits of 55 and above. However, on the same day you drove from point A to B in 30 minutes, but mile-maker showed this trip would have normally taken 120 miles to complete, it is considered FALSE.)
4. Violating an out of service order, after you were placed out of service by the department of transportation will subject the operator to immediate termination of lease. (No exceptions)
5. Failing to turn in a roadside inspection report (The DOT requires you to submit this within 24 hours to Horizon and Horizon will forward to the state DOT within the 15 day required period) will subject the operator to a warning letter. If any subsequent roadside reports are not turned in timely they will subject the operator to loss of current and/or future safety awards. If it is found that the operator failed to turn in a roadside due to not wanting to bring attention to themselves due to violations, they will lose their safety award and be subject to possible lease termination.
6. Each Operator who runs a toll road is required to submit a copy of the toll receipt(s) attached to the log. This is a requirement of the Department of Transportation concerning supporting document retention, and there are no exceptions to this policy. The operator will be responsible for toll charges as is the current policy, and should retain a copy of the toll receipts for tax purposes. If toll receipts are not submitted and it was determined that the operator ran the toll roads, the operator will be



King Transport LLC

DRIVER DAILY LOG PROCEDURES

ineligible for safety award participation, until toll receipts are turned in. Additional corrective action, up to and including termination of lease will occur if toll receipts are not forwarded after reasonable requests by the safety department have been made.

7. If you receive a log violation (whether or not out of service) on a roadside inspection, you will receive a warning letter against your safety award. Additional letters or if multiple hours of service violations are noted on roadsides the operator will be subject to loss of current or future safety award consideration. If you are stopped 3 times and placed out of service for log violations, your lease will be terminated.
8. False logs will subject the operator to a warning letter. Second violations/falsifications will subject the operator to losing their safety award, or future safety awards. A third violation/falsification will subject the operator to termination of lease. (Logs will be checked against TIR's, roadside inspection reports, accident reports, random drug tests, toll receipts, manifests, fuel receipts, settlement sheets, etc., and all logs must match correctly and logged accordingly ON-Duty-Not Driving)
9. Random drug and alcohol tests must be logged as On-Duty Not Driving from the time you leave to the time you return from the test.
10. If operators are identified as falsifying logs, or having other log problems, they will be subject to turning in their logs and all load paperwork daily to the agent or terminal manager. These logs will be forwarded immediately to the Director of Safety for review. (Logs and paperwork must be turned in at the end of each day, or the next day the operator is back from an extended trip.
11. Operators, who receive a log letter within the first 30 days of lease, will be required to attend a mandatory remedial training class. If subsequent violations are noted within the next 90 days, they will be subject to 3 days off. Additional violations will subject the operator to termination of lease.
12. Operators receiving 2 log letters within any 12 month period will be required to attend a mandatory log training session, along with loss of safety award or future safety awards. A third letter will subject the operator to 5 days off, and subsequent violations will be cause for termination of lease.
13. Operators found to drop loads or utilize multiple logbooks will be subject to immediate lease termination.
14. Operators who do not understand logs, or have a legibility problem, will be given an opportunity through a remedial training class to improve. All subsequent logs will be turned into their terminal manager/agent and forward to my attention and reviewed. If improvement is not shown, then the operator will be subject to termination.



King Transport LLC

DRIVER DAILY LOG PROCEDURES

15. Operators who receive a roadside inspection report and are placed out of service for mechanical problems with the tractor will be subject to the following. You will be required to have your tractor re-inspected within the next 15 days and obtain a new annual inspection. (At a Horizon approved location, no exceptions) If you receive additional out of service violations on roadsides for the tractor, you will be subject to having an annual inspection conducted 6 out of the next 12 months. (One annual inspection every other month at a Horizon approved location, no exceptions) Additional violations on roadsides will subject the tractor to immediate lease termination.
16. Operating when a Physical, CDL, Registration, or Annual Inspection is expired will exclude the operator from the current or future safety award programs. A review will be conducted regarding possible termination of lease.
17. Any operator who hauls hazardous materials when not qualified to do so (endorsement on CDL and completing the Horizon Hazardous Materials Test within last 3 years) will subject an operator to loss of safety award or future safety awards. If additional violations occur, the operator will be subject to lease termination.

I understand that the above information represents a great deal of negative corrective action. However, if operators were complying with the Federal Regulations accordingly, then the above list wouldn't be needed. Your full cooperation is anticipated and appreciated. Please operate safely.

Log Compliance/Enforcement Memo

Driver Signature _____ Date: _____

Print Driver's name _____ Truck #: _____

Signature of person who reviewed with Driver: _____

This signed form must be returned with the driver's package