

DAVIS DELIVERY SERVICE, INC.

943 Gainesville Hwy, Buford, GA 30518 • 678-926-3939 • davisdelivery.com

INDEPENDENT CONTRACTOR (OWNER-OPERATOR) QUALIFICATION APPLICATION

THIS IS NOT AN APPLICATION FOR EMPLOYMENT. This form is used to qualify an independent owner-operator to provide transportation services to Davis Delivery Service, Inc. under a separate written contract.

Davis Delivery Service, Inc. does not withhold federal, state, or local taxes from contractor settlements and will issue IRS Form 1099 to the contractor and to the appropriate government agencies. Contractors supply their own equipment, insurance, and operating expenses, control the manner and means by which they perform their services, and are free to provide services to other customers and carriers.

If you will operate under Davis Delivery Service's USDOT operating authority, a written equipment lease meeting the requirements of 49 CFR Part 376 must be executed before dispatch.

DATE OF APPLICATION

DATE AVAILABLE TO START

REFERRED BY

SECTION 1 — CONTRACTOR BUSINESS INFORMATION

LEGAL BUSINESS NAME

DBA / TRADE NAME

Business structure: ☐ Sole proprietor ☐ Single-member LLC ☐ LLC ☐ Corporation ☐ Partnership

STATE OF FORMATION

YEARS IN OPERATION

FEDERAL EIN (ATTACH IRS FORM W-9)

BUSINESS STREET ADDRESS

CITY, STATE, ZIP

BUSINESS PHONE

BUSINESS EMAIL

WEBSITE (IF ANY)

OTHER CUSTOMERS OR CARRIERS YOU CURRENTLY HAUL FOR

Do you intend to continue providing services to other customers during this engagement? ☐ Yes ☐ No

SECTION 2 — OPERATING AUTHORITY

How do you intend to operate? ☐ Under my own USDOT / MC authority ☐ Leased to Davis Delivery under a 49 CFR Part 376 equipment lease

USDOT NUMBER (IF APPLICABLE)

MC NUMBER (IF APPLICABLE)

DATE OF LAST MCS-150 UPDATE

Current FMCSA safety rating: ☐ Satisfactory ☐ Conditional ☐ Unrated ☐ Not applicable

Has your operating authority ever been revoked, suspended, or placed out of service? ☐ Yes ☐ No If yes, attach an explanation.

SECTION 3 — SERVICE REQUIREMENTS

Freight moved under this contract is handled by hand. Services require the driver to:

- Lift, carry, and lower freight weighing up to 50 lbs without assistance, repeatedly throughout the shift
- Hand-unstack and restack floor-loaded freight inside a trailer or box truck
- Push and pull loaded pallet jacks
- Climb into and out of the truck, trailer, and cab many times per day
- Stand, walk, bend, squat, kneel, and reach overhead for most of the shift
- Operate a liftgate and secure loads with straps and load bars
- Carry freight over thresholds, steps, and uneven ground on residential and job-site deliveries
- Work in non-climate-controlled conditions, including heat, cold, and rain

Can you, and any driver you provide, meet these service requirements? ☐ Yes ☐ No

SECTION 4 — DRIVER QUALIFICATION

Federal law requires Davis Delivery Service to maintain a driver qualification file for every driver who operates a commercial motor vehicle under its operating authority, including leased owner-operators. The information in Sections 4 through 8 is required by 49 CFR Part 391 and is collected only for that purpose. It does not create an employment relationship and is not used to direct how you perform your services.

NAME OF DRIVER WHO WILL OPERATE THE EQUIPMENT	DATE OF BIRTH	SOCIAL SECURITY NUMBER

Social Security number and date of birth are required for the DOT driver qualification file, motor vehicle record requests, and FMCSA Clearinghouse queries. If your business has an EIN, provide it in Section 1 on your Form W-9; the SSN here is used only for DOT driver-qualification purposes. It is stored securely and is not disclosed except as required by law.

PHONE	EMAIL	IN CASE OF EMERGENCY, CALL

Federal rule 49 CFR 391.21(b)(3) requires every address where you have lived during the past three (3) years.

CURRENT ADDRESS — STREET, CITY, STATE, ZIP	FROM (MM/YY)	TO

PREVIOUS ADDRESS	FROM (MM/YY)	TO (MM/YY)

PREVIOUS ADDRESS	FROM (MM/YY)	TO (MM/YY)

SECTION 5 — DRIVER'S LICENSE AND DRIVING EXPERIENCE

DRIVER'S LICENSE NUMBER	STATE	CLASS	ENDORSEMENTS	EXPIRATION

ANY ADDITIONAL UNEXPIRED LICENSE OR PERMIT — NUMBER	STATE	CLASS	ENDORSEMENTS	EXPIRATION

YEARS DRIVING A COMMERCIAL MOTOR VEHICLE

APPROXIMATE TOTAL CAREER MILES

YEAR YOU FIRST HELD A CDL

Do you hold a current DOT medical examiner's certificate? ☐ Yes ☐ No Expiration date: Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ NoHas any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No If yes to either, attach a written explanation.**Equipment experience — complete every line you have operated**

Equipment	Type (van, flat, reefer, etc.)	Years of experience	Approx. miles	Last operated (mm/yy)
26 ft box / straight truck				
Straight truck with liftgate				
Tractor-trailer (48–53 ft)				
Tractor with 2 trailers				
Yard tractor / spotter				
Other (list)				

Final-mile and freight-handling experienceCheck everything you have done: ☐ LTL final-mile delivery ☐ Residential delivery ☐ Job-site delivery ☐ Liftgate operation☐ Pallet jack (manual) ☐ Pallet jack (electric) ☐ Hand-unload / freight handling ☐ Dock loading☐ Yard jockey / spotting ☐ Threshold or room-of-choice delivery ☐ Forklift operation

ELD SYSTEMS YOU HAVE USED

HANDHELD SCANNER / TMS APPS YOU HAVE USED

HEAVIEST SINGLE PIECE YOU ROUTINELY
HANDLE

STATES OPERATED IN DURING THE LAST 5 YEARS

SPECIAL COURSES OR SAFETY TRAINING THAT WILL HELP YOU AS A DRIVER

SAFE DRIVING AWARDS HELD, AND AWARDING ORGANIZATION

SECTION 6 — ACCIDENT RECORD — PAST 3 YEARS

Check here if you have had no accidents in the past three years: ☐ No accidents

Date	Nature of accident	Fatalities	Injuries

SECTION 7 — TRAFFIC CONVICTIONS AND FORFEITURES — PAST 3 YEARS

List all violations of motor vehicle laws or ordinances of which you were convicted or forfeited bond or collateral during the past three years, other than parking violations. Attach a sheet if you need more space.

Check here if you have had no such convictions in the past three years: ☐ None

Date	Location	Charge	Penalty

SECTION 8 — DRIVING HISTORY

List every carrier or company you have driven a commercial motor vehicle for, most recent first, covering the past ten (10) years. Also list any non-driving work during the past three (3) years. Federal rule 49 CFR 391.21(b)(10) and (b)(11) requires three years of all employment plus seven additional years of CMV driving, and for both tiers it requires each employer's name and address, the dates, and the reason the work ended. Attach additional sheets if needed.

1. CARRIER, COMPANY, OR OTHER EMPLOYER	FROM (MM/YY)	TO (MM/YY)	PHONE

STREET ADDRESS	CITY, STATE, ZIP	EQUIPMENT YOU OPERATED

FREIGHT HAULED / TYPE OF OPERATION	AVERAGE MILES OR STOPS PER WEEK	REASON THE WORK ENDED

In this role you were: ☐ Running my own authority ☐ Leased to the carrier ☐ Employee driver

Subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Subject to DOT drug and alcohol testing under 49 CFR Part 40? ☐ Yes ☐ No

May we contact this carrier? ☐ Yes ☐ No

2. CARRIER, COMPANY, OR OTHER EMPLOYER	FROM (MM/YY)	TO (MM/YY)	PHONE

STREET ADDRESS	CITY, STATE, ZIP	EQUIPMENT YOU OPERATED

FREIGHT HAULED / TYPE OF OPERATION	AVERAGE MILES OR STOPS PER WEEK	REASON THE WORK ENDED

In this role you were: ☐Running my own authority ☐Leased to the carrier ☐Employee driver
Subject to the Federal Motor Carrier Safety Regulations? ☐Yes ☐No
Subject to DOT drug and alcohol testing under 49 CFR Part 40? ☐Yes ☐No
May we contact this carrier? ☐Yes ☐No

3. CARRIER, COMPANY, OR OTHER EMPLOYER	FROM (MM/YY)	TO (MM/YY)	PHONE

STREET ADDRESS	CITY, STATE, ZIP	EQUIPMENT YOU OPERATED

FREIGHT HAULED / TYPE OF OPERATION	AVERAGE MILES OR STOPS PER WEEK	REASON THE WORK ENDED

In this role you were: ☐Running my own authority ☐Leased to the carrier ☐Employee driver
Subject to the Federal Motor Carrier Safety Regulations? ☐Yes ☐No
Subject to DOT drug and alcohol testing under 49 CFR Part 40? ☐Yes ☐No
May we contact this carrier? ☐Yes ☐No

4. CARRIER, COMPANY, OR OTHER EMPLOYER	FROM (MM/YY)	TO (MM/YY)	PHONE

STREET ADDRESS	CITY, STATE, ZIP	EQUIPMENT YOU OPERATED

FREIGHT HAULED / TYPE OF OPERATION	AVERAGE MILES OR STOPS PER WEEK	REASON THE WORK ENDED

In this role you were: ☐Running my own authority ☐Leased to the carrier ☐Employee driver
Subject to the Federal Motor Carrier Safety Regulations? ☐Yes ☐No
Subject to DOT drug and alcohol testing under 49 CFR Part 40? ☐Yes ☐No
May we contact this carrier? ☐Yes ☐No

5. CARRIER, COMPANY, OR OTHER EMPLOYER	FROM (MM/YY)	TO (MM/YY)	PHONE

STREET ADDRESS	CITY, STATE, ZIP	EQUIPMENT YOU OPERATED

FREIGHT HAULED / TYPE OF OPERATION	AVERAGE MILES OR STOPS PER WEEK	REASON THE WORK ENDED

In this role you were: ☐Running my own authority ☐Leased to the carrier ☐Employee driver
Subject to the Federal Motor Carrier Safety Regulations? ☐Yes ☐No
Subject to DOT drug and alcohol testing under 49 CFR Part 40? ☐Yes ☐No
May we contact this carrier? ☐Yes ☐No

ANY GAP OF 30 DAYS OR MORE IN THE LAST 10 YEARS — DATES, AND WHAT YOU WERE DOING

--

SECTION 9 — EQUIPMENT

MAKE	MODEL	YEAR	VIN

LICENSE PLATE NUMBER	STATE	REGISTRATION EXPIRATION	GVWR	CARGO CAPACITY

Equipment type: ☐Straight truck ☐Tractor ☐Trailer ☐Other
Equipment on the vehicle: ☐Liftgate ☐Pallet jack ☐Ramp ☐Load bars / straps

DATE OF MOST RECENT DOT ANNUAL INSPECTION (ATTACH A COPY OF THE CERTIFICATE)

--

SECTION 10 — INSURANCE

Attach a certificate of insurance listing Davis Delivery Service, Inc., 943 Gainesville Hwy, Buford, GA 30518, as certificate holder.

AUTO LIABILITY CARRIER	POLICY NUMBER	LIMITS	EXPIRATION

CARGO INSURANCE CARRIER	POLICY NUMBER	LIMITS	EXPIRATION

Occupational accident / workers' compensation: ☐Occupational accident policy ☐Workers' compensation ☐Georgia WC exemption filed

CARRIER	POLICY NUMBER	EXPIRATION

SECTION 11 — DRUG AND ALCOHOL TESTING PROGRAM

Are you currently enrolled in a DOT drug and alcohol testing consortium or third-party administrator program? ☐ Yes ☐ No

CONSORTIUM / C-TPA NAME

ENROLLMENT DATE

Before you may operate under Davis Delivery Service's authority, a pre-employment FMCSA Drug and Alcohol Clearinghouse full query must be completed. You must register with the Clearinghouse at clearinghouse.fmcsa.dot.gov and give electronic consent there — that consent cannot be given on this form.

SECTION 12 — DOCUMENTS TO SUBMIT WITH THIS APPLICATION

- ☐ Completed IRS Form W-9
- ☐ Certificate of insurance — auto liability, cargo, and occupational accident or workers' compensation
- ☐ Copy of driver's license, front and back
- ☐ Copy of current DOT medical examiner's certificate
- ☐ Copy of most recent DOT annual inspection certificate
- ☐ Copy of vehicle registration
- ☐ Copy of operating authority, if operating under your own USDOT / MC number
- ☐ Signed motor vehicle record and background check authorization (provided separately)

SECTION 13 — CERTIFICATION AND AUTHORIZATION

1. I certify that the information in this application is true and complete to the best of my knowledge. I understand that false or misleading information is grounds for rejection of this application or for termination of any contract that results from it.
2. I authorize Davis Delivery Service, Inc. to contact the companies listed in this application and to request safety performance history information from my previous DOT-regulated employers and carriers as provided in 49 CFR 391.23, including accident information and drug and alcohol testing records for the preceding three years. I understand that I have the right to review that information, to have errors corrected, and to have my rebuttal attached to the file, as provided in 49 CFR 391.23(i) and (j).
3. I authorize Davis Delivery Service, Inc. to obtain my motor vehicle record and Pre-Employment Screening Program (PSP) report.
4. I understand that operating a commercial motor vehicle under Davis Delivery Service's authority requires a current DOT medical examiner's certificate and participation in a DOT drug and alcohol testing program, and I agree to meet those federal requirements.
5. I understand and agree that no employment relationship is created by this application or by any contract that may result from it; that I am responsible for my own taxes, insurance, equipment, maintenance, fuel, and operating expenses; that I control the manner and means by which I perform contracted services, subject only to federal and state transportation regulations and the delivery requirements of the customer; that I am free to provide services to other customers and carriers; that I am not entitled to employee benefits, workers' compensation coverage, or unemployment compensation from Davis Delivery Service, Inc.; and that any engagement will be governed by a separate written agreement and, where applicable, a written equipment lease meeting 49 CFR Part 376.

If a consumer report (background check, motor vehicle record, or PSP report) is obtained through a consumer reporting agency, you will receive a separate written disclosure and authorization form, as required by the Fair Credit Reporting Act.

Davis Delivery Service, Inc. selects contractors without regard to race, color, religion, sex, national origin, age, disability, genetic information, or veteran status.

Federal rule 49 CFR 391.21(d) requires us to tell you this before you complete this application: the information you give about your previous employers may be used, and those employers will be contacted, to investigate your safety performance history as required by 49 CFR 391.23(d) and (e). You have due process rights concerning the information those employers provide, as described in 49 CFR 391.23(i) — you may review it, ask that errors be corrected, and have your own rebuttal attached to the file.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE OF CONTRACTOR OR AUTHORIZED REPRESENTATIVE	DATE	TITLE

PRINTED NAME	BUSINESS NAME