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*"Safely Making the Grade"*

## Subhaul Information Packet

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Name

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Address

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City, State, Zip Code

Enclosed you will find a packet of information to be completed by you. Please complete all portions of the packet that are indicated. In addition to this packet, additional information is required. Please provide the following:

- Enclosed subhaul packet
- Copy of your valid commercial drivers license
- Copy of your current medical card
- Copy of your Social Security card
- Current 10 year DMV printout (not more than 30 days old)
- Copy of your Motor Carrier Permit and signed Certificate of Compliance
- Certificate of Insurance in the amount of \$1 million for liability, and \$10,000 unidentified trailer coverage for all pullers.
- Additional insured endorsement naming Dispatch Transportation LLC as additional insured
- Certificate of workers compensation insurance if you have employees
- Proof of current enrollment in a DOT compliant drug and alcohol testing program
- Copy of your vehicle registration
- Proof of enrollment in the BIT program

Please return this packet and all additional requested information. This information will need to be submitted before we can issue a pay code and you can begin working. You can fax the completed package to (909) 823-6193.

If you have any questions, please feel free to contact me at (909) 355-5531 ext. 235.

Sincerely,

Wayne Teece  
Transportation Manager  
Dispatch Transportation LLC