

<input type="checkbox"/> SB	<input type="checkbox"/> TT	<input type="checkbox"/> LH	<input type="checkbox"/> Multi	<input type="checkbox"/> Tanker	Weight Lic		Fit/Div		Pay %		Dispatcher		Approved By	
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# Owner - Lessee Equipment Checklist

Please bring the following valid documents (except W-9) to the **Initial Meeting**

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| <input type="checkbox"/> Valid Driver's License                      | <input type="checkbox"/> Current Title or Bill of Sale   | <input type="checkbox"/> Valid EIN Certificate (Federal Tax ID # document)     |
| <input type="checkbox"/> Valid Medical Card                          | <input type="checkbox"/> W-9 Form (Completed in Meeting) | <input type="checkbox"/> Form 2290/HVUT, 'Paid' stamped with IRS watermark     |
| <input type="checkbox"/> Light Weight Receipt-Tractor (Full of Fuel) |  | <input type="checkbox"/> Light Weight Receipt-Trailer (Separated from Tractor) |

**Applicant, Recruiting and Operations** - Please answer each question clearly and completely, typed or printed in ink.

## Applicant's Personal and Company Information

Name		Phone		Cell Phone	
Phys Address		City, St, Zip			
Mail Address		City, St, Zip			
Driver Lic State		Driver Lic #		SS #	
				DOB	
Company Name		Company EIN#			
Emergency Contact Name		Emergency Ph #			

## Lien Holder Information

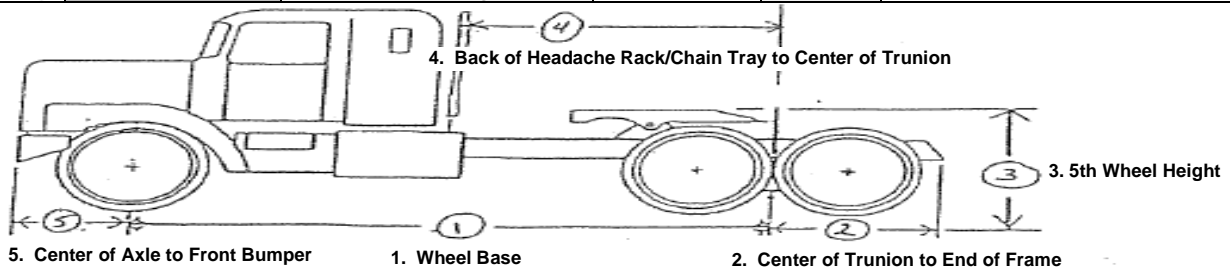
## Tractor

## Trailer

Lien Holder Name		
Address, City, St, Zip		
Phone		
Loss Payee		

## Tractor Information

Year	Make	VIN	Color	Engine Year	Current Value
<i>Use the Diagram below to complete 1-5</i>		Ownership	<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> Purchasing
		Initial Price:	Date:		
1	4	Light Weight (Full of Fuel)	Tire Size	<input type="checkbox"/> LP22.5	<input type="checkbox"/> LP24.5
2	5	Fuel Capacity	Cab Type	<input type="checkbox"/> Cabover	<input type="checkbox"/> Conventional
3	↓ ↓ ↓	Gross Vehicle Weight (GVW)	# of Axles	<input type="checkbox"/> 3-Axle	<input type="checkbox"/> 4-Axle



## Applicant is Providing the Following Equipment (Mark All that Apply)

<input type="checkbox"/> Tarps	<input type="checkbox"/> Tire Chains	<input type="checkbox"/> Straps	<input type="checkbox"/> Tie Downs (Chains/Bindings)	<input type="checkbox"/> Other:
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## Trailer Information

Year	Make	VIN	Length	Width	Axles	Lt Weight	Current Value