

Owner Operator Information Sheet

We will need a copy of the documents listed below:

- Copy of Driver License of Owner and if applicable of the Driver
- Copy of Social Security Card, in the event there is no company registered.
- Copy of Current Medical Card
- Copy of EIN Number
- Proof of Corporation or LLC (Sunbiz/Articles of Incorporation)
- Completed W-9 Form
- Proof of Insurance Coverage \$100,000.00 in General and Auto Liability
- Workers Comp Insurance of Fleet or exemption form; If you're not able to provide an exemption form, we will register you and a discount of \$105.00 will be deducted off the first check. **WORK WILL NOT COMMENCE UNTIL THIS IS COMPLETE**
- Copy of Truck Registration
- Copy of Annual Inspection
- Type of Equipment

BRAZO TRUCKING INC
6911 Gibsonton Dr. Gibsonton, FL 33534
813-708-7491 | info@brazotrucking.com

Insurance

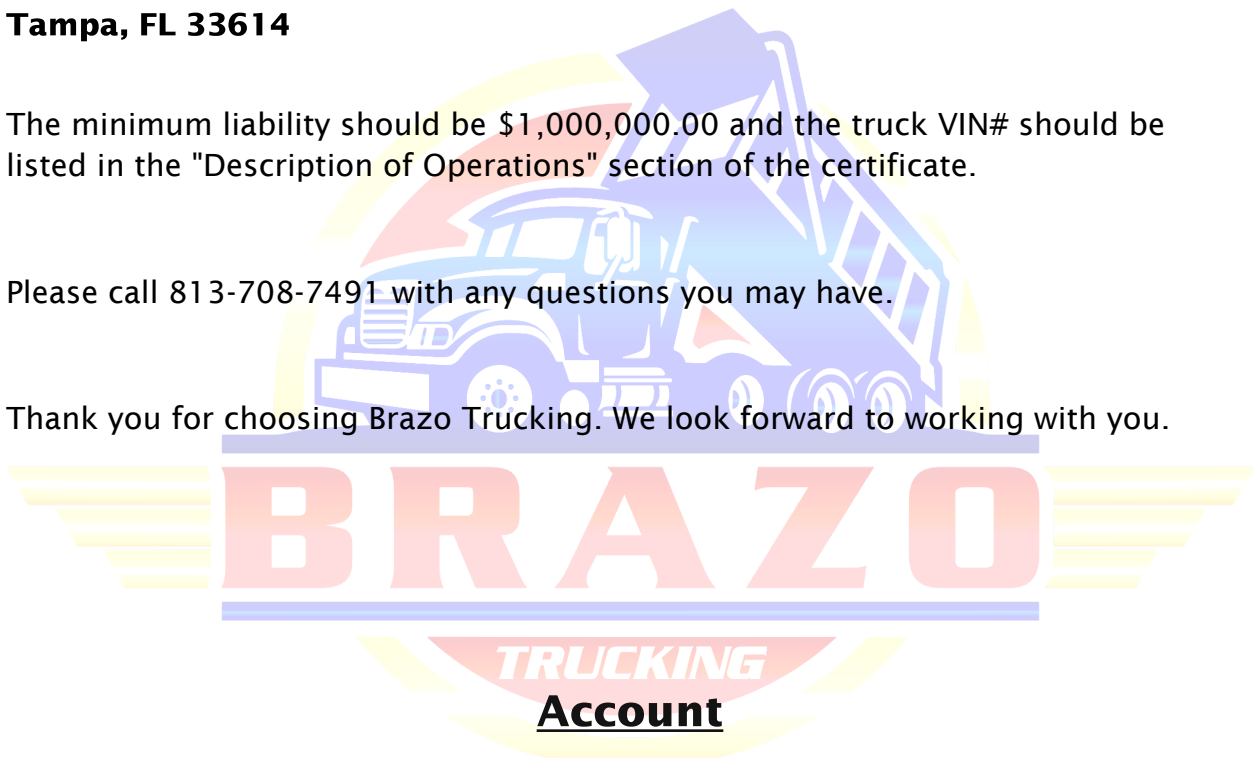
Place Brazo Trucking as additional insured.

BRAZO TRUCKING INC
4343 W Waters Ave.
Tampa, FL 33614

The minimum liability should be \$1,000,000.00 and the truck VIN# should be listed in the "Description of Operations" section of the certificate.

Please call 813-708-7491 with any questions you may have.

Thank you for choosing Brazo Trucking. We look forward to working with you.



Name of Bank Institution:
Account Name:
Routing Number:
Account Number:

Please provide a voided check

Tickets

1. Print your name, truck number and sign all tickets accurately.
2. Make sure all ticket numbers are legible and entered accurately on your daily drivers' sheet.
3. Make sure all tickets are stapled (left hand corner) to your daily driver sheets.
4. All tickets and drivers' sheets must be turned in no later than Monday 10 PM. All tickets and drivers' sheets not turned in by Monday 10 PM will not be processed until the following week.
5. Verify that the correct truck number you are driving is the ticket that you received from the mine.
6. In the event you do not live in the area and need to mail the tickets:
MAILING ADDRESS: 6911 GIBSONTON DR. GIBSONTON FL 33534
7. 6. Work week is Sunday through Saturday. Our method of payment is through direct deposit that will be sent on Friday' s work week.

Initials:_____

Signature:_____

Date:_____

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COMPANY INFORMATION

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number for dispatch: _____

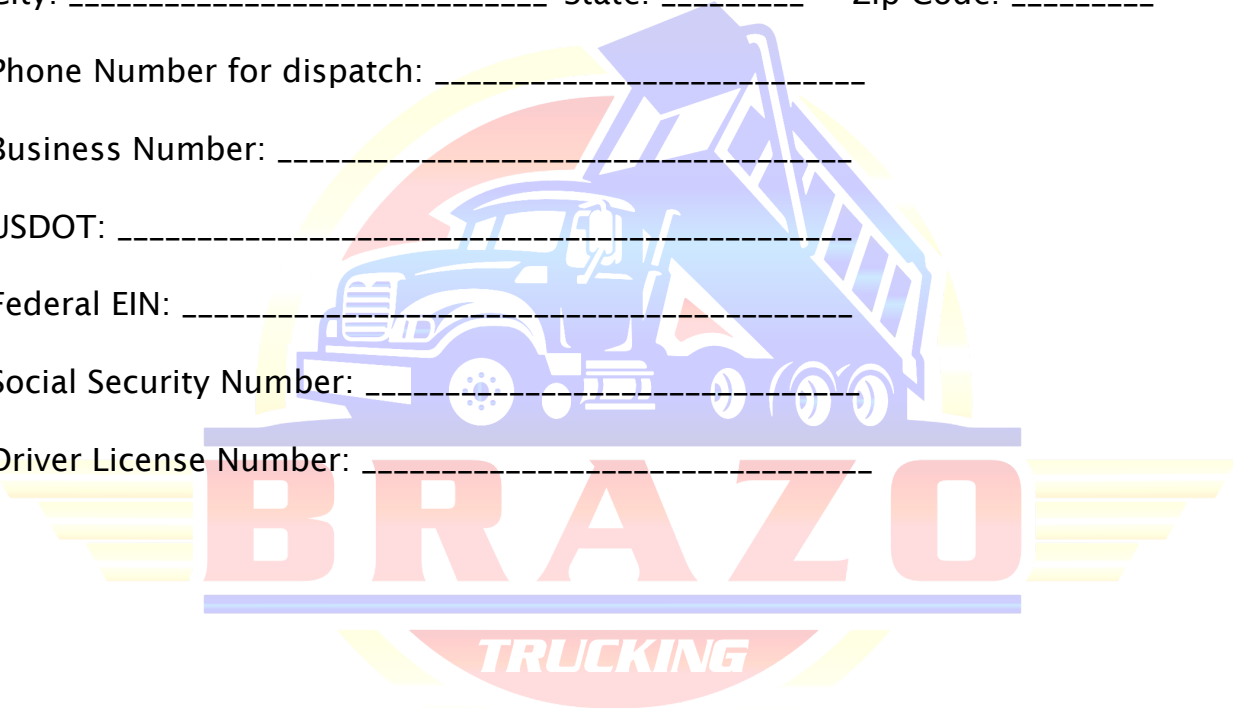
Business Number: _____

USDOT: _____

Federal EIN: _____

Social Security Number: _____

Driver License Number: _____



Emergency Contact

Name: _____

Relationship: _____

Phone number: _____

Driver(s)

*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		

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Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		
Phone Number:		
*Name:		
Address:		
City:	State:	Zip Code:
Driver's License Number:		

Affidavit of Independent Contractor Status

I, the undersigned subcontractor, after being sworn, state as follows:

1. I am over the age of 18 years old.
2. I swear and attest I am an independent contractor and that I meet the requirements of section 440.02 (14) (d) as indicated below.
 - a. I maintain a separate business with my own work facility, truck, equipment, materials, or similar accommodations.
 - b. I hold or have applied for a federal employer identification number.
 - c. I perform or agree to perform specific services or work for specific amounts of money and control the means of performing the services or work.
 - d. I incur the principal expenses related to the completion of work or services that I perform or agree to perform.
 - e. I am responsible for the satisfactory completion of work or services that I perform or agree to perform or agree to perform and could be held liable for a failure to complete the work for services rendered.
 - f. I receive compensation for work or services performed for a commission on a per-job competitive-bid basis and not on any other basis.
 - g. I may realize a profit or suffer a loss in connection with performing work or services.
 - h. I have continuing or recurring business liabilities or obligations.
 - i. The success or failure of my business depends on the relationship of business receipts to expenditures.

I, _____ have read and understand the above statements and have signed this document of my own free will.

Independent Contractor

Signature

Witness

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Name (Printed) and Date

Name (Printed) and Date


Workers Compensation Exemption

Please fill out the following form (keep as copy for your records) and mail it to Tallahassee.

Division of Workers Compensation 200 East Gaines Street Tallahassee, FL
32399-4228

Phone: 850-413-1609

When your exemption is received a copy needs to be sent to Tampa Florida Office



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If you have employees that work for you, you must contact your insurance agent and request that Workers Compensation Liability is added to your policy.

This is necessary form and must be in your File for continued employment with Brazo Trucking