**Owner Operator Application** 

## PLEASE <u>DO NOT</u> FILL OUT THIS FORM IF:

## YOU HAVE AN AUTHORITY!!! ....UNLESS YOU ARE WILLING TO DEACTIVATE IT YOU DO NOT HAVE A TRUCK 2005 OR NEWER.

## ALL OF THE REQUESTED UPLOADS ARE REQUIRED

Congratulations on your decision to lease on with us! You are literally just moments from becoming a part of our team of Owner Operators! We take great pride in making sure we provide the best working environment possible. Without teamwork, none of this would be possible. Our commitment to excellence in everything we do drives our vision, while hard work and dedication steer the wheel. It is an honor to include you in our network!

To finalize the On-Boarding process, please be sure to fill out all required information and upload all the necessary documents as well!

HAVE THE FOLLOWING PICTURES ON HAND TO SPEED UP APPLICATION CDL

PHYSICAL DAMAGE INSURANCE BOBTAIL INSURANCE MVR CAB CARD

| Name *               |               |  |  |
|----------------------|---------------|--|--|
|                      |               |  |  |
| First Name           | Last Name     |  |  |
|                      |               |  |  |
| Date of birth *      |               |  |  |
|                      |               |  |  |
| Month Day Yea        | ar            |  |  |
|                      |               |  |  |
| Phone Numbe          | r *           |  |  |
|                      |               |  |  |
| Please enter a valid | phone number. |  |  |
|                      |               |  |  |
| License numbe        | er *          |  |  |
|                      |               |  |  |
|                      |               |  |  |
| License State        | *             |  |  |
|                      |               |  |  |

| Social security number | er *<br>                             |
|------------------------|--------------------------------------|
|                        |                                      |
|                        |                                      |
| Email *                |                                      |
|                        |                                      |
| example@example.com    |                                      |
|                        |                                      |
| Company Name *         |                                      |
|                        |                                      |
|                        |                                      |
|                        |                                      |
| Do you need help loo   | king for a driver?                   |
| Oyes<br>Ono            |                                      |
|                        |                                      |
| Home Address *         |                                      |
| Tiome Address          |                                      |
| Street Address         |                                      |
| Street Address         |                                      |
| Others Address Line O  |                                      |
| Street Address Line 2  |                                      |
| O:t-                   | Chata / Propings                     |
| City                   | State / Province                     |
|                        |                                      |
| Postal / Zip Code      |                                      |
|                        |                                      |
| Have you lived here f  | or less than 3 years? *              |
|                        |                                      |
|                        |                                      |
| If you answered YES    | please provide your previous address |
|                        |                                      |
| Street Address         |                                      |
|                        |                                      |
| Street Address Line 2  |                                      |
|                        |                                      |
| City                   | State / Province                     |
|                        |                                      |
| Postal / Zip Code      |                                      |

| Do you have a CDL? *  |
|---|
| O <sub>YES</sub>  |
| ONO   |
|   |
| How long have you held a CDL? *   |
|   |
|   |
| Do you have your own authority? *   |
|   |
| If you have an authority we invite you to learn more about our Turnkey Program at https://www.thecompasscircle.com/turnkey-trucking |
|   |
| What type of equipment do you have? *   |
| Tractor   |
| Reefer  |
| □ <sub>Dryvan</sub>   |
| Flatbed   |
|   |
|   |
| Value of each piece of equipment *  |
|   |
|   |
|   |
|   |
|   |
|   |
| Location Oity State Devices *   |
| Location - City, State - Region *   |
|   |
|   |
| Any Service Restrictions location wise? *   |
| lacksquare  |
| Some business prefer not to support specific regions or locations. If you have no restrictions, select the NO Restrictions option.  |
|   |
| If you selected YES please describe restrictions in the box below if NO type "N/A" *  |
|   |
|   |
|   |
|   |

| Have you had any moving violations in the past 3 years? * |
|---|
| Oyes  |
| Ono   |
|   |
| Preferred Lanes   |
|   |
|   |
|   |
| What states are you willing to run? *                     |
|   |
| Please list states  |
|   |
| How many days are you willing to be an the read? *        |
| How many days are you willing to be on the road? *        |
|   |
|   |
| Do you have a clearing house? *                           |
| Oyes  |
| Ono   |
|   |
| If you answered "YES" what company do you use?            |
| in you answered TES what company do you use:              |
|   |
| type your clearing house company                          |
|   |
| Bank Account Number *                                     |
|   |
|   |
|   |
| Bank Routing Number *                                     |
|   |
|   |
| Bank Name and Address                                     |
| Dalik Naille allu Auuless                                 |
|   |
|   |
|   |
|   |

Client agrees to indemnify, defend and hold harmless The Compass Circle and it's officers, employees, affiliates and agents from and against any and all losses, liabilities, claims or damages asserted by third parties arising out of or in connection with The Compass Circle's

performance of it's obligations under the Agreement, except to the the extent that such losses, liabilities, claims or damages are judicially determined to have resulted directly and primarily from the willful misconduct or gross negligence of The Compass Circle. Client agrees to strict no refund policy. Client further agrees to indemnify, defend and hold harmless The Compass Circle and its officers, employees affiliates and agents from and against any and all losses, liabilities, claims or damage asserted by third parties arising out of or in connection with any and all misrepresentations or false or misleading information made to any party, including Consulting, by Client or any of its officers, employees, affiliates or agents. \*

| Client or any of its officers, employees, affiliates or agents. *                         |  |  |  |  |  |
|---|--|--|--|--|--|
| O <sub>AGREE</sub>  |  |  |  |  |  |
| If you have an ELD? *   |  |  |  |  |  |
| Is the previously mentioned ELD issued by Motive? If not, what type of ELD do you have? * |  |  |  |  |  |
|   |  |  |  |  |  |
| Are you the driver?   |  |  |  |  |  |
| Oyes<br>Ono   |  |  |  |  |  |
| NON DISCLOSURE AGREEMENT  |  |  |  |  |  |
| How did you hear about us? ★  |  |  |  |  |  |
| Tags □Todo □In Progress □Done   |  |  |  |  |  |
| MARKETING MATERIAL  |  |  |  |  |  |

As benefit of joining our fleet we will provide you with a free marketing flyer once you sing your lease

## Which photo would you like us to use for your flyer design? \*

OGreen Truck

OBlue Truck Fleet

OTruck Fleet 1

OWhite Truck

OOrange Truck

OBlue Orange Red Fleet

OPurple Truck

Submit