

Towing Supplemental Application

Applicant Name: _____

| USDOT #: | | | | | | |
|-------------------------------------------------|-------------------------------------------------------------|--------------------------------|----------|---------|------------------------------|-----------|
| | | | | | | |
| | | Hiring Practice | <u> </u> | e One) | | |
| Yes | Yes No Written Application Yes No Criminal Background Checl | | | Checks | | |
| Yes | No | Work History Validated | Yes | No | MVR Checks | |
| Yes | No | Pre-hire Drug Screening | Yes | No | Driving Test Required | |
| Yes | No | Pre-hire Physical Fitness Test | Yes | No | Minimum of 3 years e | xperience |
| Full-Time Safe | ety Dired | Loss Prevention Manactor? Name | | <u></u> | Yes | No |
| Full-Time Safety Director? Name | | | | Yes | No | |
| Written Safety Program in place | | | | Yes | No | |
| Formal Safety Meetings Held? | | | | Yes | No | |
| Accident Investigation Process in place? | | | Yes | No | | |
| Random Drug Testing? | | | Yes | No | | |
| Post-Accident Drug Testing? | | | | Yes | No | |
| Formal Return to Work Program in place | | | | Yes | No | |
| Slip and Fall prevention? | | | | Yes | No | |
| Safe Driving Practices Established and Enforced | | | | | Yes | No |

Workforce

| | # Full Time | # Part Time | # Owner Operators | # of 1099 issued | Total Receipts |
|---------------|-------------|-------------|-------------------|------------------|----------------|
| Drivers | | | | | |
| Total Payroll | | | | | |





Radius of Operations

| Radius of Operations | # of Drivers | % Total | | |
|-----------------------------------------|---------------------------------------------------|-----------------------------------|--|--|
| ☐ Up to 100 Miles | | | | |
| ☐ 101 to 200 Miles | | | | |
| ☐ 201 to 500 Miles | | | | |
| ☐ Over 500 Miles | | | | |
| <u>Motor V</u> | ehicle - Definition of Major | r Violations | | |
| ☐ DWI, DUI, or Blood Alcohol | ☐ All drug or alcohol related | ☐ License is suspended or revoked | | |
| Content (BAC) | offenses | | | |
| ☐ Negligent homicide | ☐ Unlawful use of vehicle | ☐ Speed contest or racing | | |
| ☐ Reckless driving | ☐ Leaving scene of an accident and/or hit and run | ☐ Any felony violation | | |
| | Operations (Yes/No) | | | |
| Does the applicant perform any extrem | ne rescue operations, i.e. Cliffside, | underwater, etc.? | | |
| Does the applicant tow any oversized | loads? | | | |
| Is the applicant involved in any reposs | ession work or impounding of vehi | cles? | | |
| Does the applicant perform roadside r | epair? (Provide % of receipts) | | | |
| Does the applicant operate in metro a | reas? (Percentage of Payroll or rec | eipts) | | |
| Does the applicant perform towing for | police or municipalities? | | | |
| If yes, is it under contract? | | | | |





| Does the applicant perform any towing for AAA? (Provide % of receipts) | |
|------------------------------------------------------------------------|--|
| Does the applicant perform any snow plowing? | |
| | |

Vehicle Maintenance - Check for all that apply

| | Employee Mechanic | Outside Mechanic | Driver | Other |
|----------------------------------------|--------------------------|------------------|--------|-------|
| Who services/repairs trucks/trailers? | | | | |
| Who performs routine maintenance? | | | | |
| Who performs tank entry? | | | | |
| Who conducts roadside repairs? | | | | |
| Who is responsible for mounting tires? | | | | |

| I have reviewed the information present | ed above and all the information is | current and accurate. |
|-----------------------------------------|-------------------------------------|-----------------------|
| A colling of New York and Collins | - Circuit and | |
| Applicant Name (please print) | Signature | Date |

