

What we need:

- current driver's license
- social security card
- current medical card
- current 2290
- truck info: vin#, value of truck, year, make, model, purchase date and purchase amount
- trailer info: vin#, value of truck, year, make, model, purchase date and purchase amount
- current annual DOT inspection for the truck AND the trailer
- signed lease agreement between you and the owner of the truck
- completed application filled out and signed
- completed w-9 form
- completed direct deposit form with copy of voided check or deposit slip
- at some point we will have to get a signed owner/operator lease agreement between you and Wildcat Transport
- We need to know if you will be operating under your name or a business name

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Wildcat Transport LLC** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Wildcat Transport LLC** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Wildcat Transport LLC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Wildcat Transport LLC** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

DRIVER'S QUALIFICATION PROFILE
(Driver Application for Employment)



**4006 NW LINDEN ROAD
Kansas City, MO 64151
(785) 307-1591**

*In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or non-job related disabilities. **Substance and Alcohol Testing is required of application driver if operating CDL equipment (GVWR 26,001 # or greater).***

_____	_____	
Date	Telephone Number with Area Code	
Last Name	First Name	Middle Initial

Complete Social Security Number	Date of Birth

Address – Number & Street	City, State	Zip Code	Length of Time at this Residence
Note: If you have resided at the above address for less than three years, please list all addresses of residence in last three years: (including number & street, city, state, zip code, and length)			

_____	_____	_____
Driver's License Number	State	Expiration Date

	Y	N
Are you 21 years of age or older?		
Can you provide proof of age?		
Have you ever worked for this company before?		
Are you currently employed?		
If you are currently employed, may we contact your current employer?		

If you are not currently employed, what was the last day you worked for your last employer? _____

Check Yes or No to the following three questions.

	Y	N
Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
Have you ever had a license, permit or privilege revoked or suspended?		
Have you ever been convicted of a felony?		

If any of the above questions are answered YES, please attach a statement with details

Accident Record

List all traffic accidents in which you were involved, regardless of fault, for the last three years

Date of Accident	What was the nature of the Accident	Were there Fatalities	DOT Record-able	Were their Injuries	Prevent-able	Charge-able

Traffic Convictions and Forfeitures for the Past Three Years

Date	Location	Charge	Penalty

Experience – Qualifications

List all drivers' licenses issued to you in the past five years

State	License Number	Type of Equipment	Dates	Approximate Number of Miles

List the states you have operated a Commercial Motor Vehicle in during the past five years: _____

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern per FMCSA Regulations Subpart C & Subpart F. I release all employers and other persons named herein, from all liability for damages by furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. If hired, I agree to abide by all the rules and policies of the employer and those agencies which regulate this employer.

This certifies that I completed this application, and all entries of information on it are true and complete to the best of my knowledge.

_____ Date

_____ Applicant's Signature

Employment History

All driver applicants, to drive in interstate commerce, must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicles. Failure to list all previous employers for the preceding ten years, applicant will not be considered for employment. List with your most recent employment shown first. Failing to list telephone numbers for those employers will delay the processing.

List your most recent employer first then work backwards showing all employers for past 3 years (Non-CDL) or 10 years (CDL)

Employer Name	Was your previous employer subject to FMCSA?	Did you ever test for your previous employer under the guidelines of the FMCSA?	Address, City & State	Telephone Number	Dates of Employment	Position	Reason for Leaving

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries per FMCSA Regulations stated in Subpart C-Background & Character and Subpart F Files & Records (391) necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of the employment, I understand that false or misleading information given in my application or interview(s) may result in discharge/termination. I understand, also that I am required to abide by all rules and regulations of the company.

_____ Date

_____ Applicant's Signature



Employer Name	Was your previous employer subject to FMCSA?	Did you ever test for your previous employer under the guidelines of the FMCSA?	Address, City & State	Telephone Number	Dates of Employment	Position	Reason for Leaving



Motor Vehicle Records

(Driver's License and Vehicle Title/Registration Records)

3rd Party Consent

(Please print or type)

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is: _____ My Driver's License Number is: _____

My Current address is: _____
(Street) (Apartment/Unit) (City) (State) (ZIP)

and my telephone number is: _____

I hereby authorize: **Wildcat Transport, LLC** _____

to obtain my driver's license record and/or vehicle registration information including my personal information on those records.

(Date)

(Signature)

U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR
DRIVER'S RECORD
391.23

(Driver's Name)

(Driver's Operator License Number)

(Driver's Social Security Number)

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which the applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully Yours,

Wildcat Transport, LLC

Signature of individual making inquiry

Wildcat Transport, LLC

Name of person making inquiry

Safety Consultant

Title of person making inquiry

Wildcat Transport, LLC

Motor Carrier Name

4006 NW Linden Road

Street

Kansas City

City

MO

State

64151

Zip

MOTOR VEHICLE DRIVER'S CERTIFICATE OF VIOLATIONS
AND ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every twelve months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding twelve months (Section 391.27). Drivers who have provided information required by section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of Driver: (Print) _____

Social Security Number: _____ Date of Employment: _____

Home Terminal (City & State): _____

Driver's License Number: _____ State: _____ Expiration Date: _____

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past one year. (If you have had no violations, please state so below.)

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____

Check this box if you have had no traffic violations in the past one year.

If you have had more than two violations in the past one year – please give the information required above on the reverse.

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (Other than those I have provided under part 383) required to be listed during the past twelve months.

Date of Certification:
(Today's Date)

Drivers Signature: _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information below.

I hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one)

- _____ Meets the Minimum requirements for safe driving
- _____ Is disqualified to drive a motor vehicle pursuant to section 391.25
- _____ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed By: _____ Date _____

_____ Signature _____ Date _____
Printed Name Safety Consultant Title

Wildcat Transport, LLC
Motor Carrier Name

4006 NW Linden Road, Kansas City, MO 64151
Motor Carrier Address

Maintain this document in the Driver's Qualification file. This document may be purged after three years from date of execution.

Part 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First Middle Initial Last Social Security Number

_____ Date of Birth

Hereby Authorize: _____

Previous Employer: _____

_____ Email Address

Street: _____

_____ Telephone Number

City, State, Zip: _____

_____ Fax Number

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances testing records within the previous 3 years.

To: Prospective Employer: **Wildcat Transport, LLC**

Attention: **Wildcat Transport, LLC** Telephone: **(785) 307-1591**

Street: **4006 NW Linden Road**

City, State, Zip: **Kansas City, MO 64151**

In compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: _____

Prospective employer's email address: _____

_____ Date Applicant's Signature

This information is being requested in compliance with 40.25(g) and 391.23

CFR 391.23(4) Investigation and Inquiries – Exception

For drivers with no previous employment experience working for a DOT regulated employer during the preceding three years, documentation that no investigation was possible must be placed in the driver history investigation file, after October 29, 2004 within required 30 days of the date the drivers' employment begins.

If employee has been with Wildcat Transport, LLC for 3 years or longer from the date of completing this application, please check this box and proceed to page 12.

Part 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

Accident History

The applicant named was employed by us. Yes ___ No ___

The applicant was employed as a: _____ From: (M/Y) _____ To: (M/Y) _____

1. Did he/she driver a motor vehicle for you? Yes ___ No ___ If yes, what type? _____

Tractor-Semitrailer ___ Bus ___ Cargo Tank ___ Doubles/Triples ___ Other (specify) _____

2. Reason for leaving your employ: Discharged ___ Resignation ___ Lay off ___ Military Duty ___

If there is no safety performance history to report, check here ____, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date show or check here ___ if there is no accident register for this driver.

	Date	Location	# Of Injuries	# Of Fatalities	Hazmat Spill (Y/N)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers, or retained under internal company policies.

Signature: _____

Title: _____ Date: _____

Part 3:**TO BE COMPLETED BY PREVIOUS EMPLOYER**

If the driver was not subject to Department of Transportation testing requirements while employed by this employer check here fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? Yes _____ No _____
2. Has this person tested positive for adulterated specimen or substituted a test specimen for controlled substances? Yes _____ No _____
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes _____ No _____
4. Has this person committed other violations of Subpart B of Part 382 or Part 40? Yes _____ No _____
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow up tests? Yes _____ No _____ If yes, please send documentation back with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? Yes _____ No _____

In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

Part 4a:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one): Faxed to previous employer _____ Mailed _____ Emailed _____ Other _____

By: _____ Date: _____

Part 4b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained:

Information received from: _____

Recorded by: _____ Method: Fax _____ Mail _____ Email _____ Telephone _____

Date: _____ Other: _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Page 1 – Part 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

Page 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

Part 2: Previous Employer

- Complete the information required in this section
- Sign and Date
- Complete Section 3

Part 3: Previous Employer

- Complete the information required in this section
- Sign and Date
- Return to Prospective Employer

Part 4b: Prospective Employer

- Record receipt of information
- Retain the form

CARRIERS DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly-Hired or Intermittent Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total on-duty time during the immediately preceding seven days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations

NOTE: Hours for any compensated work during the preceding seven days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (PRINT): _____

Social Security Number: _____

Motor Vehicle Operator's License Number: _____

Type of License: _____ Issuing State: _____

Compensated Work Time (Prior 7 Days)

1	2	3	4	5	6	7

_____ Total Hours

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ (AM) (PM) ON _____
Time Date

Are you currently working for another employer? Yes ___ No ___

At this time do you intend to work for another person while still employed by this company? Yes ___ No ___

I hereby certify that the information given is true and I understand that once I become employed with the company, if I begin work for any additional employer(s) for compensation that I must inform this company immediately of such employment activity. (395.2(8) and (9))

_____ Date Driver's Signature

_____ Date Witness Signature

**Wildcat Transport, LLC
4006 NW Linden Road
Kansas City, MO 64151**

Privacy Form

Date: _____

By signing this form you authorize Driveby Transport, LLC to obtain any and all information pertaining to the DOT physical. All information will be kept private and confidential and will only be used as record for Federal and State regulations as set forth by FMCSA.

Driver's Name (PLEASE PRINT)

Driver's Signature

Wildcat Transport, LLC Representative

RECORD OF ROAD TEST

Drivers Name: _____

License Number: _____

Date of Test: _____

Check if condition satisfactory. If driver needs training place X in column and give explanation.

_____ Pre-Trip Inspection and Emergency Equipment required by 392.7

_____ Coupling and Uncoupling of combination units; if the equipment he/she may drive includes combination units.

_____ Placing of commercial motor vehicle in operation.

_____ Use of the commercial motor vehicle's controls and emergency equipment.

_____ Operating the commercial motor vehicle in traffic and while passing other vehicles

_____ Turning the commercial motor vehicle.

_____ Braking, and slowing the commercial motor vehicle.

Certification of Road Test per 391.31

Driver's Name

Social Security #

License Number

State

Type of Power Unit

Type of Trailer

This is to certify that the above-named driver was given a road test under my supervision on (date): _____
consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

Signature of examiner

Title

Wildcat Transport, LLC

(Company Name)

4006 NW Linden Road, Kansas City, MO 64151

(Company Address)

**Wildcat Transport, LLC
4006 NW Linden Road
Kansas City, MO 64151**

TO WHOM IT MAY CONCERN

Driver's Name

Driver is authorized by **Driveby Transport, LLC** to log meal and coffee break periods in excess of 15 minutes in duration as "OFF DUTY" time under the following conditions:

- 1.) The vehicle is safely and legally parked with the engine "OFF" and the cab locked while the driver is away from the vehicle.
- 2.) During the stop, and for the duration of the stop, the above named driver is at liberty to pursue activities of his/her choosing.

There are no record retention requirements for the driver to have written authorization onboard the vehicle in order to log meals and breaks off-duty. The original of this document will be retained in the Driver Qualification file.

This authorization relieves the above named driver of responsibility for the care and custody of the vehicle, its accessories and any cargo it may be carrying, during the qualifying "OFF DUTY" periods.

Every driver is reminded that the relief from duty outlined above is intended solely to provide an opportunity to rest and relax from the rigors associated with the operation of a commercial motor vehicle.

Date

Driver's Signature

Date

Wildcat Transport, LLC – Authorizing Signature

MOTOR CARRIER: Wildcat Transport, LLC

Applicant Name

Social Security Number

Pre-Employment Controlled Substance Testing and Consent Agreement

Driveby Transport, LLC (Hereinafter referred to as The Company) in compliance with the USDOT Federal Motor Carrier Safety Regulations, Part 382-Subpart C, is required to administer a prescribed controlled substances test as part of the mandatory pre-employment screen process. No offer of employment may be tendered to you, nor may employment commence until the controlled substances test has been taken and The Company has been advised of the results, which must be **NEGATIVE**. I agree to submit to the controlled substances testing described above, via the prescribed testing methods, at the site selected by The Company, on the appointed date and time.

I understand that the results of this testing procedure are confidential, and are only for the use of The Company, their Medical Review Officer, and me. I also understand that a **POSITIVE** result will disqualify me from operation of a Commercial Motor Vehicle for The Company and therefore will exclude me from the position applied for. I have read and understand the conditions imposed by the controlled substances testing requirements and by my signature below, consent to such testing.

DRIVER RECEIPT OF DRUG AND ALCOHOL EDUCATIONAL MATERIALS

INSTRUCTIONS: FMCSR Part 382.601 require The Company to provide all company drivers with educational material regarding drug and alcohol use and abuse, and the rules and regulations of the Department of Transportation which may apply to The Companies drivers. This form will document receipt of the required materials.

TO THE DRIVER: The FMCSR require that each driver must sign this form to certify receipt of these materials. The original of this form will be maintained for an indefinite period of time in a file with other company records being maintained pertaining to the mandated drug and alcohol testing program. Drivers may request a copy of this certification.

Driver's Certification

The undersigned hereby certifies the receipt of the educational materials, which The Company is required to provide in accordance with 49 CFR Part 382.601. I acknowledge and agree that I am responsible for reading, understanding, and complying with all company policies and Department of Transportation regulations regarding drug and alcohol use, and the mandatory testing programs. I agree to full and unconditional compliance with the Department of Transportation regulations and The Company's policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating Department of Transportation and / or The Company's policies.

Any questions or comments on drug and alcohol policies should be referred to the Drug and Alcohol Program contact person listed in the material provided to you.

Prior to signing this receipt, I read it carefully and had an opportunity to ask questions regarding its content.

Date

Applicant's Signature

Date

Signature – Witness: Company Representative

PLEASE SEE ATTACHED SHEET FOR TEST RESULTS

CHECK THIS BOX IF THE APPLICANT IS A NON-CDL DRIVER

PRE-EMPLOYMENT DRUG AND ALCOHOL STATEMENT

Previous Pre-Employment History of Applicant

CFR 49 Sec. 40.25(j): As an employer, you must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by Department of Transportation drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See paragraphs (b)(5) and (e) of Section 40.25)

**Wildcat Transport, LLC
4006 NW Linden Road
Kansas City, MO 64151**

Applicant Name: _____

Social Security Number: _____

The prospective employee is required by Section 40.24(j) to respond to the following questions:

- 1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation drug and alcohol testing during the past two years?

Yes____ No____

- 2. If you answered Yes to question one, can you provide or obtain proof that you successfully completed the Department of Transportation Return-To-Duty requirements?

Yes____ No____

Date

Signature of Applicant

Date

Signature of Witness



4006 NW Linden Road
Kansas City, MO 64151

PSP Online Service

In connection with your application for employment with **Wildcat Transport, LLC**, it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If **Wildcat Transport, LLC** uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, **Wildcat Transport, LLC** will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report,

Wildcat Transport, LLC will notify you that the action has been taken and that the action was based in part or in whole on this report. **Wildcat Transport, LLC** cannot obtain background reports from FMCSA unless you consent in writing. If you agree that **Wildcat Transport, LLC** may obtain such background reports, please read the following and sign below:

I authorize **Wildcat Transport, LLC** to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information including regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the prospective Employer to make a determination regarding my suitability as an employee.

I further understand that **Wildcat Transport, LLC** nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov/>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

*I have read the Notice Regarding Background Reports provided to me by **Wildcat Transport, LLC** and I understand that if I sign this consent form, **Wildcat Transport, LLC** may obtain a report of my crash and inspection history. I hereby authorize **Wildcat Transport, LLC** and its employees, authorized agents, and/or affiliates to obtain the information authorized above.*

Driver's Name (Please Print)

Driver Signature

Date

Witness Signature

Date

**Verification In Lieu of Pre-employment Drug Test As Permitted
Under 49 CFR 382.301 (c) (1)**

Wildcat Transport, LLC
4006 NW Linden Road
Kansas City, MO 64151
785-307-1591

I hereby authorize the testing program listed below to release information listed in 382.301 (c) (1).

Driver Name: _____

CDL License Number: _____

Driver's Signature: _____

CONTROLLED SUBSTANCES TESTING PROGRAM

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Voice: _____ Fax: _____

This is to verify that the driver listed above has participated in our controlled substances testing program for the past _____ months.

The testing program conformed to 49 CFR Parts 40 and 382. The driver was properly qualified under Part 382 and did not refuse to take a test.

The date the driver was last tested for controlled substances: _____

The results of any controlled substances tests taken within the last six months: _____

Any other violations of 382 Subpart B: _____

Signed: _____

Print Name: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.