



## Towing Supplemental Application

Applicant Name: \_\_\_\_\_

USDOT #: \_\_\_\_\_

Does the Applicant trade by any other name?  Yes  No

Other names: \_\_\_\_\_

### Hiring Practices (Select One)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Written Application	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Criminal Background Checks
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Work History Validated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MVR Checks
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pre-hire Drug Screening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Driving Test Required
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pre-hire Physical Fitness Test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Minimum of 3 years experience

### Loss Prevention Management (Select One)

Full-Time Safety Director?	Name _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Written Safety Program in place		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Formal Safety Meetings Held?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accident Investigation Process in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Random Drug Testing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Post-Accident Drug Testing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Formal Return to Work Program in place		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Slip and Fall prevention?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safe Driving Practices Established and Enforced		Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Workforce

	# Full Time	# Part Time	# Owner Operators	# of 1099 issued	Total Receipts
<b>Drivers</b>					
<b>Total Payroll</b>					



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**Radius of Operations**

Radius of Operations	# of Drivers	% Total
<input type="checkbox"/> Up to 100 Miles		
<input type="checkbox"/> 101 to 200 Miles		
<input type="checkbox"/> 201 to 500 Miles		
<input type="checkbox"/> Over 500 Miles		

**Motor Vehicle - Definition of Major Violations**

<input type="checkbox"/> DWI, DUI, or Blood Alcohol Content (BAC)	<input type="checkbox"/> All drug or alcohol related offenses	<input type="checkbox"/> License is suspended or revoked
<input type="checkbox"/> Negligent homicide	<input type="checkbox"/> Unlawful use of vehicle	<input type="checkbox"/> Speed contest or racing
<input type="checkbox"/> Reckless driving	<input type="checkbox"/> Leaving scene of an accident and/or hit and run	<input type="checkbox"/> Any felony violation

**Operations (Yes/No)**

Does the applicant perform any extreme rescue operations, i.e. Cliffside, underwater, etc.?	
Does the applicant tow any oversized loads?	
Is the applicant involved in any repossession work or impounding of vehicles?	
Does the applicant perform roadside repair? (Provide % of receipts)	
Does the applicant operate in metro areas? (Percentage of Payroll or receipts)	
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?	
Does the applicant perform work on freeways/highways? (Provide % of Payroll or receipts)	

**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 presented above and all the information is current and accurate.**

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

