

Excellence in Trucking Since 1972

***INDEPENDENT CONTRACTOR INFORMATION
PACKAGE***



Our Mission

***To provide the best service to
Customers by on-time pickups and
deliveries of their products and operating
with the highest standards of
Safety, Integrity and Professionalism.***

RLT, Inc. For All Your Transportation Needs

Redding Lumber Transport

Dear Applicant,

Applicants applying for the position of Driver or Owner Operator with Redding Lumber Transport, Inc. must meet the following criteria before being hired:

- * Must have a Commercial Drivers License
- * Applicant shall have a minimum of two years current over-the-road experience
- * Minimum age of 25

RLT, Inc. shall not consider applicants who's driving record has drug or alcohol, reckless driving, or hit and run related citations. Also, applicants will not be considered who have more than two (2) moving violations in the past thirty-six (36) months and no preventable accidents in the past twelve (12) months.

All applicants meeting the above criteria will be considered for employment as a Commercial Class A Driver. If you feel you qualify based on the above requirements, please fill out the attached application package so we may start the qualification and verification process.

Please remember to **include ten (10) years of work history and a three (3) year DMV printout that is less than thirty (30) days old.**

You may return the application and the DMV printout via fax (530) 241-0648, mail or by bringing it to our main office at 4301 Eastside Road Redding, CA 96001. If you have any questions regarding our requirement, feel free to call at (800) 822-8161 Extension 3318.

Thank you again for applying with Redding Lumber Transport!

Sincerely,

Denisa Fink
HR/Recruiting
Redding Lumber Transport, Inc.
E-Mail: denisa.f@rlttrucking.com
530-241-8193 x3318

INDEPENDENT CONTRACTOR INFORMATION GUIDE

COMPENSATION:

RLT hauls both Interstate Freight and California Intrastate Freight. Compensation to the Independent Contractor is computed differently for each of these operations. Compensation for Interstate (ICC) loads is based on a percentage of the gross freight revenue of the load. The percentage is determined according to type of equipment and division, as indicated by the following:

Independent Contractor with Flat/Dry Van Trailer	88%
Independent Contractor with Refer Van Trailer	86%
Independent Contractor with RLT Flatbed Trailer	80%
Independent Contractor with RLT Dry Van Trailer	80%
Independent Contractor with RLT Refer Trailer	78%

MILEAGE LEASE

	<u>Rate</u> <u>Dry/FB/RE</u>	Expenses paid by RLT:
Starting	.48CPM	1. Tractor Prorates
After 6 months	.49 CPM	2. Fuel at authorized fueling locations
After 1 year	.50 CPM	3. Insurance: Liability, Cargo, Phy. Dam.
.04 cents more a mile for having own trailer		4 Road Tax
		5. P/U & Drops after 1 st \$25/ea.
		6. Pre-Pass
		7. 2290-Federal Heavy Use Tax

Payday for the Independent Contractor is every other Friday.

REQUIREMENTS:

INSURANCE:

Liability	\$ 1,000,000 minimum
Cargo	\$ 100,000 minimum
Disability Insurance	
Bobtail Liability	

UNIDENTIFIED TRAILER PHYSICAL DAMAGE (COVERS RLT, INC. TRAILERS)

Flatbed Semi	\$28,000
Van Semi & Reefer	\$50,000

TRACTOR PHYSICAL DAMAGE:

Tractors must be covered for Physical Damage Insurance. Independent Contractors shall furnish RLT, Inc. with the name, address and phone number of the agent providing this coverage.

TRAILER PHYSICAL DAMAGE:

An Independent Contractor’s trailer shall also be insured. A Trailer Physical Damage policy shall be written for “Unidentified Trailer” and shall list the minimum for the type of trailer you will be pulling.

WORK RELATED ACCIDENT INSURANCE

The Independent Contractor must choose one of the Occupational Accident plans (\$184 per month). If you have your own policy, the plan is \$149.00 a month. You must provide a copy to RLT, Inc. showing that the value of this policy is equal or better than the RLT, Inc. policy. Senior age, 70 and over plan is \$193.00 a month, and team drivers plan is \$246.00 per month.

RLT, INC. PHYSICAL DAMAGE COVERAGE:

RLT, Inc. can provide Truck and/or Trailer Physical Damage Insurance for 1.05% of the appraised value of the equipment plus a 1.5% group fee for a total of 3.50%.

Van Semi & Reefer	\$ 50,000	\$ 128.30/ mo.
Flatbed Semi	\$ 28,000	\$ 71.85/ mo.

TRACTOR LIABILITY:

An Independent Contractor shall have tractor Liability Insurance with minimum of \$1,000,000 coverage. An insurance certificate is required which shows RLT, Inc., as additional insured. Also, an Independent Contractor shall get an ”Addendum #1243” from the insurance company, which stipulates that the Independent Contractor’s policy is the Primary coverage and RLT, Inc. is the Secondary coverage.

CARGO:

An Independent Contractor shall provide Cargo Coverage for at least \$100,000 of minimum coverage, with RLT, Inc., named as additional insurance on this policy.

RLT, INC., TRACTOR LIABILITY AND CARGO COVERAGE:

PLEASE NOTE: This insurance comes as a package; RLT, Inc. cannot separate Liability and Cargo. If RLT, Inc. provides one, RLT, Inc., must provide the other.

RLT Liability Insurance	\$600.00 / mo.	\$1,000 deductible
RLT Cargo Insurance	\$ 65.00 / mo.	\$1,000 deductible

TOTAL/ mo. \$665.00 / mo.

After 6 months of coverage and no accidents, liability goes down to \$550.00 per month. Liability covers 24 hours a day, 7 days a week. Bobtail insurance is not needed when an Independent Contractor is on the RLT, Inc., insurance program. An Independent Contractor is required to provide Bobtail Insurance if not insured through RLT, Inc. If involved in an accident, liability goes up to \$650.00 per month for six months.

PERMITS AND LICENSES: The following is a list of items required to properly permit and license an Independent Contractor's tractor and trailer.

TRACTOR/TRAILER

"LIGHTWEIGHT" An independent Contractor's equipment shall be "lightweight"

PROOF OF PURCHASE

An Independent Contractor shall provide RLT, Inc. with Proof of Purchase and Price of the equipment.

TAX RECEIPT

An Independent Contractor shall have a "Federal Highway Use Tax Form 2290" stamped receipt.

INSPECTION

An Independent Contractor shall have a California Inspection done in our shop.

FUEL: RLT, Inc. provides fuel charge accounts at various locations. Fuel Purchases are settled every pay period for Independent Contractors choosing to use these locations.

EQUIPMENT: RLT, Inc. must comply with new California EPA regulations, which restrict tractors year to 2005 or newer. There are no restricts on make, or model except as follows:

Tractor must be 2005 or newer

Tractor must pass California or Dot Inspection Requirements

Tractor must be acceptable in appearance

Tractor weight no more than 19,000 lbs. (tractor may be too heavy for assigned division)

Tractor must average at least 5.5 MPG on fuel consumption

Tractor must have a Jake brake or equivalent type of engine retarder

Tractor must have a sliding fifth wheel with a maximum height of 46 inches

MAINTENANCE: Independent Contractors are required to have their equipment Safety Inspected every 90 days or less, and provide RLT, Inc. with documented proof of vehicle maintenance from a certified shop. Inspection intervals are NOT TO EXCEED 90 DAYS. RLT, Inc. operates a shop and offers repairs at a reasonable labor rate and fleet parts prices. The Independent Contractor shall keep copies of maintenance records at their terminal.

RATE GUIDE

RLT, Inc. has been in business for over 30 years, operating primarily in 13 western states between California, Oregon and Washington, as well as within California.

RLT, Inc. transports a variety of commodities with rates running from a low of \$1.10 / mile, in a few cases to as high as \$3.00 / mile or more. Our average rate levels would be more in the area of \$1.60/mile to \$ 1.65/mile. RLT, Inc. is constantly striving to improve its rate levels to the benefit of the Independent Contractors, as well as RLT, Inc.

Listed below are average examples of possible compensation per month. Keep in mind these figures can vary depending on how an Independent Contractor goes about his work, the type of equipment he owns, and whether or not he has his own insurance.

Refer Average Per Month	\$ 12,500.00
Dry Van Average Per Month	\$ 11,500.00
Flatbed Average Per Month	\$ 10,800.00

The above figures are gross revenue amounts and the net to the truck would depend upon the percentage that is paid less deductions for fuel, insurance, etc. that might be purchased through RLT, Inc.

OWNER OPERATOR APPLICATION INSTRUCTIONS

Dear Driver:

Thank you for your interest in driving for Redding Lumber Transport, Inc.

RLT, Inc. is currently one of the fastest growing multi-truck, irregular route, contract and common carriers in the country with approximately 125 power units. RLT, Inc. also contracts with more than seventy independent contractor power units. Aggressive expansion plans, coupled with our continued commitment to safety and profitability, will ensure the security you deserve as a professional truck driver.

NOTE: If you are selected for a contract, you will be required to demonstrate your ability to adjust brakes during your orientation. You may want to bring suitable clothing to change into.

As an experienced driver, you are aware of the renewed emphasis placed on carriers to have a complete and accurate employment history. To help us expedite your application, please follow the instructions as outlined below:

1. The application must be printed in ink in your own handwriting. Please print legibly. Read and follow all instructions carefully.
2. Fill in all blanks. If a particular question does not apply, put N/A in the blank.
3. **VERY IMPORTANT!** The section “**10 YEAR HISTORY**” **MUST BE COMPLETELY FILLED OUT**. You must list all employers, schools, military service and all periods of self-employment or unemployment for the **PAST TEN YEARS**. If there are gaps of more than thirty days in your employment history, please provide one or more of the following:
 - a. Verification of Unemployment Compensation
 - b. Verification of Self-employment (tax record/professional references)
 - c. W-2 forms (if your former employer has GONE OUT OF BUSINESS)
 - d. Completed declaration of employment status
4. In the section “Accident Record” list all tickets, accidents and forfeitures for the past three years. We will check your motor vehicle report, so please be accurate. If you do not attach a current (7 to 10 days) DMV printout, your application will not be considered.
5. Read and complete the **DRIVER NOTIFICATION AND RELEASE** form.
6. Read and complete the **DRIVER HIRING POLICY**.

TO SPEED UP THE APPLICATION PROCESS, PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS:

- A. Photo copy of your Commercial Drivers License and your Physical Card.
- B. 3 year Department of Motor Vehicle (DMV) original Printout, no older than 30 days old (within 7 to 10 days of the application date)
- C. Accident Report, if accident occurred within the last 3 years.
- D. School Certificate and Transcripts, if school was attended within the last 3 years.
- E. Tractor and trailer information sheet filled out completely.



4301 Eastside Road,
Redding, CA 96001

INDEPENDENT CONTRACTOR APPLICATION

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related medical condition or handicap.

ANSWER ALL QUESTIONS. PLEASE PRINT OR HAND WRITE, DO NOT TYPE. ALL OTHERS WILL BE RETURNED.

Date of Application: _____ Number of Years of Experience: _____
Full Part
_____ Time _____ Time Date Available: _____

PERSONAL DATA Social Security #: _____ - _____ - _____ Date of Birth: _____

Within the last 10 years have you been convicted of a felony? _____ Yes _____ No

Have you tested positive or refused to test for Alcohol or a
Controlled Substance at any time in the past 36 months? _____ Yes _____ No (As required by
Part 382 of FMCR)

Are you restricted from entering Canada? _____ Yes _____ No

Do you have the legal right to work in the USA? _____ Yes _____ No

Phone: () _____ - _____ Message: () _____ - _____ Cell: () _____ - _____

LAST NAME FIRST NAME MIDDLE NAME

Present Address: _____
street city state zip

Addresses for past 3 years:

street city state zip

street city state zip

In an emergency Notify: _____

street city state zip

Phone: () _____ - _____ Relationship: _____

How were you referred to RLT, Inc.?: _____

If currently working, may we contact your Contractor/Lessee and/or Employer? _____ Yes _____ No

Have you worked for RLT, Inc. previously? _____ Yes _____ No When?: _____

Reason for leaving: _____

PHYSICAL REQUIREMENTS

Are you capable of lifting 100 lbs.? _____ Yes _____ No

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN TRUCKS):

COMMERCIAL DRIVER TRAINING/ DRIVING EXPERIENCE

<u>CLASS OF EQUIPMENT</u>	<u>TYPE OF EQUIPMENT</u> (Van, Tank, Flat, etc.)	<u>DATE</u>	<u>APPROX. MILES</u>

INDEPENDENT CONTRACTOR/DRIVER LICENSES

List all licenses held in the last 10 yrs:

<u>State/Date</u>	<u>LICENSE NO.</u>	<u>TYPE</u>	<u>ENDORS.</u>	<u>EXPIRATION</u>
/				
/				

A. Within the last ten years have you been denied a license, permit or privilege to operate a motor vehicle?
Yes _____ No _____

B. Within the last ten years has any license, permit or privilege been suspended or revoked?
Yes _____ No _____

If the answer to either A or B is YES, attach statement giving details.

ACCIDENT RECORD FOR PAST 7 YEARS

<u>DATE</u>	<u>NATURE OF ACCIDENT</u>	<u>FATALITIES</u>	<u>INJURIES</u>	<u>PREVENTABLE NON/PREVENTABLE</u>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>

INFORMATION VERIFICATION

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that falsification on this application is grounds for termination.

Applicant's Signature

Date

Employment History

Provide employment information for the past 10 years. Attach a sheet if more space is needed.

EMPLOYER	DATE
NAME:	FROM : TO:
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR's REGULATIONS* WHILE EMPLOYED HERE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER	DATE
NAME:	FROM : TO:
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR's REGULATIONS* WHILE EMPLOYED HERE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER	DATE
NAME:	FROM : TO:
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR's REGULATIONS* WHILE EMPLOYED HERE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER			DATE	
NAME:			FROM :	TO:
ADDRESS:			POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR's REGULATIONS* WHILE EMPLOYED HERE?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER			DATE	
NAME:			FROM :	TO:
ADDRESS:			POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR's REGULATIONS* WHILE EMPLOYED HERE?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER			DATE	
NAME:			FROM :	TO:
ADDRESS:			POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR's REGULATIONS* WHILE EMPLOYED HERE?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch _____

APPLICATION NOTIFICATION AND RELEASE FORM

Part I Consumer Report Disclosure and Release. I hereby give my consent to obtaining information, in connection with my application (including contract for services); and I understand that RLT Inc, or it's affiliated companies will be requesting all information required by State and Federal Law, or is of concern to RLT Inc. and its affiliated companies, with regard to past employment and/or contract for services history, driving record, work experience, alcohol or controlled substance testing results, accidents, workers' compensation history, credit, bankruptcy proceedings, criminal records; as well as information and/or reports from USIS Commercial Services. This information and/or reports may include the following types of information: names and dates of previous employers and/or contract for services carriers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, worker's compensation claims, credit bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records, and that RLT or it's affiliates may enlist the help from USIS Commercial Services, Tulsa, Oklahoma, or federal, state and other agencies or means to assist in obtaining the required information required by law to operate a commercial vehicle. I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY USIS, RLT, INC. OR ITS AFFILIATED COMPANIES TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.

I understand I have the right to review the information obtained from previous employers, to correct errors in that information and to rebut perceived incorrect information and to make a request to USIS, upon proper identification, to request the nature and substance of all information in it's files on me, including their sources of information; and the recipients of any records on me which USIS has previously furnished within the three-year period preceding my request. USIS may be contacted by mail at PO Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Part II DOT DRUG AND ALCOHOL RELEASE. In compliance with 49 C.F.R. Part 40 and 382, I hereby authorize the carriers (Company/School) listed as my prior work history to furnish to USIS, RLT, Inc., or its affiliated companies the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment test during the past three years: (i) the dates on which I tested positive for drugs and the drugs involved; (ii) the dates on which I tested .04 or greater for alcohol and the test result levels; (iii) the dates on which I refused (including a verified adulterated or substituted result) to be tested for drugs and/or alcohol; (iv) and other violations of DOT drug and alcohol testing regulations; and (v) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers covered by DOT.

I fully understand that the information I authorize RLT, Inc., its affiliated companies or USIS to receive involves tests which were required by the Department of Transportation (DOT). If any carrier (company/school) below furnishes RLT, Inc., its affiliated companies or USIS with information concerning items (i) through (v) above, I also authorize that carrier (company/school) to release and furnish (vi) the dates of my negative drug and/or alcohol tests and/or tests with results below .04 during the three-year period; and (vii) the name and phone number of any substance abuse professional who evaluated me during the past three years. If you have more employers, please list on a separate sheet.

Company	City	State	Phone Number
			()
			()
			()
			()
			()
			()

Part III CERTIFICATION AND ACKNOWLEDGEMENT. By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. Any false, misleading or incomplete statement of the information requested in this application shall be sufficient grounds for discharge from employment. I, further, certify that all of the information that I have furnished on this form is true and complete, and that I have listed on my application every company for which I worked as a driver and every company for which I took a pre-employment drug and/or alcohol test during the past three years.

Print Applicant Name: _____ Applicant Signature: _____

Social Security No: _____ Date: _____

PLEASE RETURN ASAP BY MAIL OR FAX TO:

RLT, Inc.
P. O. Box 492110, Redding, CA 96049-2110
Phone: (530) 241-8193 Fax: (530) 241-0648

NOTICE OF INVESTIGATIVE CONSUMER REPORT

In connection with your application for independent contractor, we have ordered an investigative consumer report (as defined by California law). This report may contain information on your character, general reputation, personal characteristics and mode of living.

This report has been or will be ordered from Total Information Services, Inc., d/b/a DAC Services, 4500 South 129th East Avenue, Suite 200, Tulsa, Oklahoma 74134. The consumer department telephone number is 1-800-381-0645.

The scope of the report may include the following: names and date of previous contract/lessees and/or employers, reason for termination of lease contract and/or employment: work experience, accidents, drugs/alcohol use. Such report may also contain public record information concerning your driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records from federal, state and other agencies that maintain such records.

You have the right under Section 1786.22 of the California Civil Code to contact DAC during reasonable hours (8:00 a.m. to 5:00 p.m. CTZ Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows:

1. In person at DAC's offices (address listed above). You can have someone accompany you to DAC's offices. DAC may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for DAC to disclose to or discuss your information with this third party.
2. By certified mail, if you have previously provided proper identification in a written request that your file be sent to you or to a third party identified by you.
3. By telephone, if you have previously provided proper identification in writing to DAC.

DAC has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

I understand my rights and I have been given a copy of these rights along with this application.

INDEPENDENT CONTRACTOR APPLICANT SIGNATURE

DATE

CALIFORNIA CONSUMER RIGHTS

You have rights when an investigative consumer report is obtained on you. The following are some of your rights:

1. Whoever obtained the report is required to give you a free copy upon request.
2. You have the right to contact the agency that made the report. You can do this in one of the following ways:
 - (a) You can go to the agency in person during the normal business hours. You can bring someone with you. That person may be required to present identification. You may be required to sign a paper allowing the agency to discuss your file with or to show your file to this person.
 - (b) You may receive your file by certified mail, if you have given written notice to the agency that you want information mailed to you or to another person you want to receive the file. You will be required to provide identification when you write for your file.
 - (c) You may be able to discuss your file over the telephone if you have given written instructions to the agency and have provided identification.
3. You have the right to receive a copy of your file or your investigative consumer report at the agency. You may be charged up to \$8.00 to obtain a copy of your report or file. However, you may receive a free copy if:
 - (a) Once during a twelve month period if you are unemployed and intend to seek employment within sixty (60) days or you receive public welfare assistance or you believe your file contains inaccurate information because of fraud.
 - (b) If you are receiving a copy from the agency relating to an investigation into the accuracy of information you have disputed or if information is put back into your file.

The agency must describe these rights to you in English and Spanish. You have the right to know the following information:

- (a) The names of the persons and companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.
 - (b) Explanations of any codes or abbreviations used in your report, so you can understand the report.
4. You have the right to dispute any information in your file. You must contact the agency directly to do so. The person who ordered a report is required to give you the name and address of the agency.
 - (a) The agency has thirty (30) days from the day it receives your dispute to complete the investigation.
 - (b) When the agency is done with the investigation, it must tell you of any changes made in the report as a result of the investigation.
 - (c) If the investigation does not remove the information disputed by you, you have the right to place your statement of the facts in your file. The agency has people to help you write the statement. The agency may limit your statement to five hundred (500) words.
 - (d) If information is removed or you add a statement to your file, you can request the agency to send the report, as changed or with your statement, to anyone who received the information in the last two (2) years.
 - (e) If information that is removed from your files is placed back in your file, you are entitled to receive written notice of that fact and you have the right to dispute the information added.
 - (f) You also have rights under federal law in regard to your report. A copy of those rights are given to you with this California statement of consumer rights. Many of these rights are also included within California law. Under federal law, your report is a consumer report, not an investigative consumer report.

INDEPENDENT CONTRACTOR
QUALIFICATION POLICY

All Independent Contractors (if they will be operating equipment) and or their drivers must meet the following requirements:

- * Drivers will be at least twenty-three (23) years of age.
- * All operators should have a minimum of two (2) years of recent interstate experience as a Heavy Duty Truck Driver.
- * All operators should be neat in appearance with hair, beard and/or mustache trimmed.
- * NOT have drug or alcohol, reckless driving, or hit and run related citations on their driving record (391.15c2FMCR). RLT shall not consider an applicant with a motor vehicle record indicating more than two (2) moving violations or a combination of one (1) moving violation and one (1) preventable accident within the past 36 months.
- * RLT, Inc. will not consider anyone who has any positive D.O.T. drug or alcohol tests or refusals to test within the past 3 years.
- * No preventable accident in the past twelve (12) months.
- * All operators should be capable of lifting seventy-five (75) pounds or more.
- * All operators shall hold a current Class A (Commercial) Drivers License (391.11b7). All operators shall furnish RLT, Inc. with a current Motor Vehicle Report (MVR). The MVR shall not be more than seven (7) days old. Photocopies will be accepted when the original is brought to the RLT terminal and the copy is made by an RLT employee.
- * All operators shall be willing to provide transportation services on weekends and holidays.
- * All operators at RLT shall pass a Road Test as prescribed by the Department of Transportation.
- * After acceptance of operator's past service references, the operator must pass the Federal Drug Screen.
- * A copy of the operator's current D.O.T. Medical long form is required. If you need a new DMV physical, RLT can make an appointment with our Doctor during orientation.
- * All operators shall meet Department of Transportation (DOT) requirements as prescribed by Part 391 of the Federal Motor Carrier Safety Regulations.
- * All operators shall be given an Orientation to familiarize them with Company Service Standards, DOT safety requirements, and RLT, Inc. logbook and paperwork procedures.
- * A photograph will be required for each operator's qualification file. The photo will be taken by RLT.
- * TWIC Card (If you do not have one, apply for one)

NOTE: RLT, Inc. is required by California Law (CVC 14606B) to report to the DMV any operator who fails the physical examination.

I UNDERSTAND AND AGREE TO ABIDE BY ALL FEDERAL AND STATE DEPARTMENT OF TRANSPORTATION AND RLT, INC. COMPANY POLICIES IF I QUALIFY AS AN INDEPENDENT CONTRACTOR OR AN INDEPENDENT OPERATOR DRIVER FOR RLT, INC.

Signature _____ Date _____

Print Name _____ Phone _____

TRACTOR/TRAILER INFORMATION

COMPANY NAME: _____

OWNERS NAME: _____

TRACTOR INFORMATION

YEAR: _____

MAKE: _____ **MODEL:** _____

VIN#: _____

LIGHTWEIGHT: _____

SLIDING FIFTH WHEEL _____ **YES** _____ **NO** _____

JAKE BRAKE: _____ **(MANDATORY)**

TRAILER INFORMATION

YEAR: _____ **MAKE:** _____

TYPE: REEFER _____ **DRY** _____ **FLATBED** _____

WEIGHT: _____ **LENGTH:** _____ **HEIGHT:** _____