

=== COVER PAGE ===

TO: _____

FROM: ELLIS TRUCKING INC

FAX: 4238690389

TEL: 4238690389

COMMENT:

ISO Document# 01
FINAL October 28, 2004

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DATE	CITY & STATE OF ORIGIN	CHARGE	OUTCOME

LIST ALL TRAFFIC CONVICTIONS AND BAND OR COLLATERAL RESTRICTIONS FOR TRAFFIC VIOLATIONS IN THE LAST 5 YEARS (OTHER THAN PARKING) IF NONE, PUT 'NONE'

DATE	CITY & STATE OF ACCIDENT	DESCRIPTION OF ACCIDENT	FATALITIES OR INJURIES CAUSED?	WERE YOU CITED?
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

LIST ALL ACCIDENTS IN THE LAST 5 YEARS, IF NONE, PUT 'NONE'

CAUSING A FATALITY OR INJURY OR THE NEGLIGENCE OPERATION OF A COMMERCIAL MOTOR VEHICLE? YES NO

DRIVING A COMMERCIAL MOTOR VEHICLE WITHOUT OBTAINING A CDL, WITHOUT A CDL IN YOUR POSSESSION OR WITHOUT THE PROPER CLASS OF CDL, AND/OR WITHOUT THE NECESSARY ENDORSEMENTS? YES NO

VIOLATING ANY FEDERAL, STATE OR LOCAL LAW GOVERNING RAILROAD-HIGHWAY GRADE CROSSINGS WHILE OPERATING A COMMERCIAL MOTOR VEHICLE? YES NO

VIOLATING A DRIVER OR VEHICLE OUT-OF-SERVICE ORDER? YES NO

HAZARDOUS MATERIALS INVOLVED? YES NO

VIOLATING A DRIVER OR VEHICLE TRANSPORT VEHICLE INVOLVED? YES NO

MORE THAN 15 PASSENGER TRANSPORT VEHICLE INVOLVED? YES NO

DATE(S) COURT

HAVE YOU EVER TESTED POSITIVE OR REFUSED TO TEST ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST DURING THE PAST 5 YEARS? YES NO

DATE(S) COMPANY

HAVE YOU EVER TESTED POSITIVE OR REFUSED A TEST REQUIRED BY AN STATE OR JURISDICTION UNDER ITS IMPLIED CONSENT LAW? YES NO

DATE(S) JURISDICTION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON IN THE PAST? YES NO

DATE(S) EXPLAIN FULLY

HAVE ANY ADDITIONAL ACTION OR ANY OF THE ABOVE LISTED CHARGES OR VIOLATIONS EVER BEEN PENDING, DEFERRED OR WITHHELD ON GOOD BEHAVIOR, OR FOR OTHER REASONS? YES NO

DATE(S) COURT CHARGE

(NOTE: ANSWERING "YES" TO THESE QUESTIONS MAY NOT CONSTITUTE AN AUTOMATIC BAR TO QUALIFICATION.) IF YOU ANSWERED "YES" TO ANY OF THE PENDING QUESTIONS, PLEASE GIVE DATES, DETAILS AS TO TYPE OF VIOLATION, STATE AND COUNTY WHERE CHARGES WERE FILED, AND THE PENALTY IMPOSED (IF APPLICABLE).

OCCUPATIONAL HISTORY

START WITH PRESENT OR MOST RECENT OCCUPATION. LIST ALL JOBS (INCLUDING CONTRACT WORK) HELD IN THE PAST 10 YEARS. USE ADDITIONAL SHEETS IF NECESSARY.
IF U.S. MILITARY SERVICE IS REQUIRED TO VERIFY EMPLOYING EXPERIENCE, ATTACH DD314 AND/OR DD346 FORMS WITH DEIVING DOCUMENTATION.

DATES EMPLOYED (OR CONTRACTED) FROM _____ TO _____
 COMPANY NAME _____ ADDRESS _____ STATE _____ ZIP _____
 CITY _____ PHONE (____) _____ POSITION HELD _____
 WERE YOU DISCHARGED? YES NO IF YES, GIVE THE REASON _____
 IF NO, WHY DID YOU LEAVE? _____
 WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY? YES NO
 WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION? YES NO

DATES EMPLOYED (OR CONTRACTED) FROM _____ TO _____
 COMPANY NAME _____ ADDRESS _____ STATE _____ ZIP _____
 CITY _____ PHONE (____) _____ POSITION HELD _____
 WERE YOU DISCHARGED? YES NO IF YES, GIVE THE REASON _____
 IF NO, WHY DID YOU LEAVE? _____
 WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY? YES NO
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OCCUPATIONAL HISTORY

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 IF NO, WHY DID YOU LEAVE? _____
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 WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION? YES NO

NAME _____
COMPANIES WORKED FOR UNDER THAT NAME:

HAVE YOU EVER WORKED UNDER ANY OTHER NAME FOR ANY OF THE ABOVE COMPANIES? YES NO

OCCURRENCE _____

HAVE YOU EVER BEEN DISCHARGED/DISQUALIFIED FROM ANY POSITION? YES NO IF YES, STATE PARTICULARS FOR EACH OCCURRENCE: _____

ANY LENGTH OF TIME BETWEEN JOBS OR OCCUPATIONS, EXPLAIN: _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY? YES NO
WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION? YES NO

IF NO, WHY DID YOU LEAVE? _____

WERE YOU DISCHARGED? YES NO IF YES, GIVE THE REASON _____

PHONE () _____ POSITION HELD _____

CITY _____ STATE _____ ZIP _____

COMPANY NAME _____ ADDRESS _____

DATES EMPLOYED (OR CONTRACTED) FROM _____ TO _____

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WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION? YES NO

IF NO, WHY DID YOU LEAVE? _____

WERE YOU DISCHARGED? YES NO IF YES, GIVE THE REASON _____

PHONE () _____ POSITION HELD _____

CITY _____ STATE _____ ZIP _____

COMPANY NAME _____ ADDRESS _____

DATES EMPLOYED (OR CONTRACTED) FROM _____ TO _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED OR CONTRACTED WITH THIS COMPANY? YES NO
WAS YOUR JOB DESIGNATED AS ONE SUBJECT TO THE ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION? YES NO

IF NO, WHY DID YOU LEAVE? _____

WERE YOU DISCHARGED? YES NO IF YES, GIVE THE REASON _____

PHONE () _____ POSITION HELD _____

CITY _____ STATE _____ ZIP _____

COMPANY NAME _____ ADDRESS _____

DATES EMPLOYED (OR CONTRACTED) FROM _____ TO _____

		AUTO HAULING TRAILERS
		STEP DECK TRAILERS
		DOUBLE DROP TRAILERS
		REMOVABLE GOOSENECK (RGN)
		MULTI-AXLE HOW MANY?
		STRETCH TRAILERS HOW MANY HOW LONG
		O.D. LOADS HOW HIGH HOW WIDE
		ROUTE PLANNING/PERMIT OBTAINING HOW HEAVY
		LCV (LONG COMBINATION VEHICLE) TRIPLES
		LCV (LONG COMBINATION VEHICLE) DOUBLES

		AUTOMOBILES
		EARTH MOVING EQUIPMENT
		CRANES
		HEAVY MACHINERY
		FARM IMPLEMENTS
		JET ENGINES
		STEEL OR CONCRETE BEAMS
		FIBERGLASS TANKS
		CONTAINERS/CHASSIS
		OTHER (DESCRIBE):

DO YOU HAVE EXPERIENCE WITH: YES NO

HAVE YOU EVER HAULED: YES NO

YEARS OF EXPERIENCE _____ MILES _____

SPECIALIZED EQUIPMENT EXPERIENCE

		CHAINS, BANDERS & EDGE PROTECTORS
		STRAPS
		FULL TARP
		TOP TARP W/SIDE KITS
		MULTIPLE TARPS
		USE OF COIL RACKS
		OVER DIMENSIONAL CARGO
		DOUBLE DROP OR STEP DECK TRAILERS
		HEAVY HAUL LOADS W/SPECIALIZED EQUIP.
		VEHICLE RAMPS

		COILED STEEL
		SHEET STEEL
		BARNS / RODS
		KEYS OF CABLE
		WALTBORD
		LUMBER
		STEEL PIPE
		PLASTIC PIPE
		VEHICLES
		MACHINERY

DO YOU HAVE EXPERIENCE WITH: YES NO

HAVE YOU EVER HAULED: YES NO

YEARS OF EXPERIENCE _____ MILES _____

FLATBED EXPERIENCE

		BLANKET WRAP / DECKING
		BLOCKING AND BRACING
		JIT / AUTOMOTIVE SHIPMENTS
		OTHER (LIST)

		HI-VALUE PRODUCTS
		AMMUNITION / EXPLOSIVES
		BEER
		STEEL COILS IN VANS

DO YOU HAVE EXPERIENCE WITH: YES NO

HAVE YOU EVER HAULED: YES NO

YEARS OF EXPERIENCE _____ MILES _____

VAN EXPERIENCE

ALL OPERATORS ARE REQUIRED TO HAVE HAZARDOUS MATERIALS ENDORSEMENT BEFORE QUALIFICATION

Hazardous Materials Experience

CDL - HAZARDOUS MATERIALS ENDORSEMENT YES NO
 HAVE YOU EVER HAULED HAZARDOUS MATERIALS? YES NO

IF SO, WHAT KIND AND HOW MANY YEARS OF EXPERIENCE?



CERTIFICATION (READ CAREFULLY)

THIS CERTIFIES THAT I PERSONALLY COMPLETED THIS OPERATOR INFORMATION, AM PERSONALLY SIGNING IT AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE AND REQUEST ANY FORMER EMPLOYER, LESSOR, TREATING PHYSICIAN OR HOSPITAL OR ANY OTHER PERSONS OR COMPANIES, INCLUDING ANY CITY, COUNTY, STATE OR FEDERAL AGENCY, DEPARTMENT OR BUREAU, TO FURNISH ANY INFORMATION IN THEIR FILES UNDER MY NAME, INCLUDING BUT NOT LIMITED TO, INFORMATION ABOUT ANY ACCIDENTS IN WHICH I MAY HAVE BEEN INVOLVED; INFORMATION REGARDING COMPLIANCE WITH U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL AND DRUG REQUIREMENTS; AND, INFORMATION REGARDING ANY PARTICIPATION IN SUBSTANCE ABUSE REHABILITATION PROGRAMS. A PHOTOCOPY OF THIS AUTHORIZATION MAY BE ACCEPTED BY ANYONE AS THOUGH IT WERE THE ORIGINAL. I UNDERSTAND THAT I HAVE THE RIGHT TO: (1) REVIEW ANY OF THIS INFORMATION OBTAINED BY LANDSTAR; (2) HAVE ERRORS IN THE INFORMATION CORRECTED BY FORMER EMPLOYERS, LESSORS OR ANY OTHER PERSONS OR COMPANIES AND HAVE THE INFORMATION RE-SENT; AND (3) ATTACH A WRITTEN REBUTTAL STATEMENT TO ANY INFORMATION WHICH I PERCEIVE TO BE INACCURATE AND WHICH IS THE SUBJECT OF A DISAGREEMENT BETWEEN ME AND SUCH PERSON OR COMPANY. I UNDERSTAND THAT IF I DESIRE TO REVIEW INFORMATION PROVIDED BY SUCH PERSON OR COMPANY, I MUST SUBMIT A WRITTEN REQUEST TO LANDSTAR AT ANY TIME UP TO 30 DAYS AFTER BEING QUALIFIED OR BEING NOTIFIED OF A DENIAL OF QUALIFICATION. I UNDERSTAND THAT IF I HAVE NOT ARRANGED TO PICK UP THE REQUESTED RECORDS WITHIN 30 DAYS OF THE RECORDS BEING MADE AVAILABLE, I WILL HAVE WAIVED MY RIGHT TO REVIEW THE RECORDS.

I UNDERSTAND THAT SUBMISSION OF THIS INFORMATION DOES NOT GUARANTEE ME A POSITION IN EITHER AN EMPLOYMENT OR CONTRACT BASIS. I AUTHORIZE INQUIRY INTO MY MEDICAL BACKGROUND AND PROTECTED HEALTH INFORMATION AS PURSUANT TO HIPPA AS IT AFFECTS MY QUALIFICATIONS UNDER U.S. DEPARTMENT OF TRANSPORTATION REGULATIONS FOR ANY DUTIES OR RESPONSIBILITIES FOR WHICH WE MAY BE CONSIDERING ENTERING INTO AN AGREEMENT. I AGREE THAT ANY OMISSION OR ANY MISLEADING OR UNTRUE STATEMENT OR ANSWER MADE HEREIN SHALL CONSTITUTE GOOD AND SUFFICIENT CAUSE TO TERMINATE SUCH AGREEMENT WITHOUT NOTICE AND SHALL BE A VALID REASON FOR RESJECTION OF SAFETY CLEARANCE AND DISQUALIFICATION BY LANDSTAR.

SIGNATURE: _____

DATE: _____

Date *Soke*

Signature *DL #*

Social Security Number

Print Name

DOB

I certify by my signature below that my CDL is not currently revoked or suspended. I further certify by my signature below that I am not presently disqualified under the Federal Motor Carrier Regulations.

I hereby certify that I have read the foregoing and understand the contents of the Disclosure and Consent herein. I also understand the remedies available to me should I disagree with the CRA.

This signed Consent is my authorization and consent to a consumer investigation report as required by the company. I understand and agree that I am subject to a consumer investigation report to determine my eligibility, and I specifically authorize the release, without any liability to the undersigned whatsoever, of any findings, qualification, and the results of said report may also, in the sole and absolute discretion of the company, constitute grounds for rejection or termination. However, should the information received be adverse and reason for denial, a copy of the adverse report will be provided to me. Should I dispute the information obtained from the Consumer Reporting Agency (CRA), I have the right to obtain a free disclosure of my file if the report is requested within 60 days. Should I dispute the accuracy or completeness of any information provided by the CRA, I can dispute the inaccurate items with the source of information.

CONSENT

I have been provided with the required disclosure that a consumer report including information as to character, general reputation, personal characteristics, and a mode of living, whichever are applicable, may be made, from time to time, and further, such disclosure information as required by the Fair Credit Reporting Act (FCRA) that such a consumer investigation will be performed has been made to me. Such reports may contain public information concerning my driving record, workers' compensation claims, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information concerning previous driving record requests made by others from such state agencies, and state provided driving records.

DISCLOSURE

DISCLOSURE AND CONSENT
Please read carefully and completely before signing



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AGAN 9612

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Signature	Date
Print Name	Social Security Number

I understand that should my contract be terminated for any reason within the first 6 months of its effective date, all costs of this controlled substances test, including the services of the Medical Review Officer, are my responsibility, and I authorize Landstar the right to deduct these costs from my final settlement.

THE FOLLOWING PARAGRAPH APPLIES TO OWNER OPERATORS:

I agree to comply with all Landstar policies and Federal Regulations dealing with use and possession of alcohol and restricted drugs.

I understand that I will be receiving a driver Drug & Alcohol information packet, I agree to sign, date and return the front page to the Safety Department. This requirement fulfills the Federal Motor Carrier Safety requirements.

The results of the drug test will be maintained by an impartial Medical Review Officer for Landstar who will report whether the results were negative or positive to Landstar. The results will not be released to any additional parties without my written consent.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

I also understand that the controlled substances test includes a strict chain-of-custody procedure that requires proof of identity at the collection site and requires that I initial the tape sealing the sample and the chain-of-custody form that accompanies the sample.

I also understand that a urine sample will be collected at a collection site selected by Landstar, and that the sample will be tested for controlled substances by a drug testing laboratory certified by the National Institute of Drug Abuse, United States Department of Health and Human Services.

I understand that as required by the Federal Motor Carrier Safety Regulations, and Landstar policy, all prospective drivers must submit to a controlled substances test.

**PRE-QUALIFICATION URINALYSIS CONSENT AND
ACKNOWLEDGEMENT OF RECEIPT OF
DRUG AWARENESS PROGRAM**



AUTHORIZATION TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS



I understand that as a condition of qualification with LANDSTAR, I must give the Company written authorization to obtain the results of all DOT required drug and/or alcohol tests including any refuse to be tested and other violations of DOT agency drug and alcohol testing regulations from all of the companies for which I worked as an operator or for which I took a pre-employment drug and/or alcohol test, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee that I will be qualified with the Company.

I have listed below all of the companies for which I worked as an operator or to which I applied as an operator during the past three (3) years. I hereby authorize the Company to obtain from those companies, and I hereby authorize those companies to furnish to Company, the following information concerning my drug and alcohol tests: (i) all positive drug test results during the past three (3) years; (ii) all alcohol test results of 0.04 or greater during the past three (3) years; (iii) all alcohol test results of 0.02 or greater but less than 0.04 during the past three (3) years; (iv) all instances in which I refused to submit to a DOT required drug and/or alcohol test during the past three (3) years.

The following is a list of all of the companies for which I worked as an operator or to which I applied for work as a driver, during the past three (3) years:

COMPANY NAME & FULL ADDRESS

DATES WORKED FOR OR APPLIED TO

(Use additional sheets if necessary. Sign all additional sheets.)

I certify all statements on this form are complete and correct to the best of my knowledge. I hereby authorize and request any former employer, lessee, treating physician or hospital or any other persons or companies, including any city, county, state or federal agency, department or bureau, to furnish any information in their files under my name. I agree to hold any source of information harmless for any error in reporting this information and release all persons whomsoever from any damages on account of furnishing said information. A photocopy of this authorization may be accepted by anyone as though it were the original. I agree to be fingerprinted or submit to a physical examination by a company appointed physician if either or both are required. In submitting the work history, I understand that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as past employees, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living, whichever may be acceptable. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature of the investigation. I understand that submission of this information does not guarantee me a position in either an employment or contract basis.

OPERATOR CERTIFICATION:

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as an operator during the past three (3) years.

Signature

Date

Print Name

Social Security Number

Signature _____

Date: _____

Print Name _____

Social Security Number: _____

By my signature below, I acknowledge I have read this NOTICE and CONSENT, and that I understand it fully. I consent to the release to the Company of the described information from all my previous motor carriers at any time during the Company's investigation of my employment history. I acknowledge disclosure of my due process rights regarding this information.

ACKNOWLEDGMENT AND SPECIFIC WRITTEN CONSENT

If you want to review investigative information we received from a previous motor carrier about your USDOT regulated employment during the preceding three years, you must follow the USDOT rules for such review in 49 CFR §391.23(i). These rules require you to submit a written request to us along with this Notice and your request for a leasing agreement, or within 30 days of acceptance or denial of a leasing agreement. If you submit a timely written request, we will provide you the information within 5 business days of receiving your written request, or if we have not yet received the requested information from a previous motor carrier, then we will provide you the information within 5 business days from the date we do receive it. If you make a request, but then you fail to make arrangements to pick up or receive the requested records within 30 days of the date we make the records available to you, under USDOT rules we may consider you to have waived your request to review the records.

PLEASE BE AWARE AND TAKE NOTICE that under USDOT rules in 49 CFR §391.23(i), you have certain due process rights regarding the information we receive as a part of our USDOT required investigation of your driving history. These are: (i) the right to review information provided by previous motor carriers involving USDOT regulated employment during the preceding three years; (ii) the right to have the previous motor carrier correct errors in the information it sent us, and for that previous motor carrier to re-send the corrected information to us; and (iii) the right to have us attach a rebuttal statement to the alleged erroneous information, if you and the previous motor carrier cannot agree on the accuracy of the information it sent us.

- (a) An alcohol test with a result of 0.04 or higher alcohol concentration;
- (b) A verified positive drug test;
- (c) A refusal to be tested (including verified adulterated or substituted drug test results).

Whether you had any of the following testing violations subsequent to completion of a rehabilitation program referred by a substance abuse professional under any applicable federal regulations:

1. Whether you violated the alcohol and controlled substances prohibitions of any applicable federal regulations;
2. Whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional pursuant to applicable federal regulations (if a previous motor carrier does not know this information, you must directly provide to this Company documentation of your successful completion of the rehabilitation program prescribed by a substance abuse professional);
3. Whether you had any of the following testing violations subsequent to completion of a rehabilitation program referred by a substance abuse professional under any applicable federal regulations:

First, as USDOT requires in 49 CFR §391.23(i), the Company will ask you to sign at the bottom of this form to give your written CONSENT for the release of the information listed below from all the USDOT regulated motor carriers by which you have been employed or contacted in any safety-sensitive function requiring alcohol and controlled substance testing specified by USDOT rules, during at least the three years prior to you signing this NOTICE and CONSENT. Under USDOT rules, you must CONSENT in writing to be considered as an operator for the Company. By signing below, you CONSENT to the release and our use under USDOT rules of the following information:

You have come to us as a potential commercial motor vehicle operator for this Company, an activity which is highly regulated for safety by the many rules of the U.S. Department of Transportation ("USDOT"). PLEASE BE AWARE AND TAKE NOTICE of what the Company will do to comply with USDOT rules for potential operators and of what we will ask of you.

NOTICE AND CONSENT REGARDING PREVIOUS WORK HISTORY

QUAL-DWS (April 2003)

SIGNATURE _____ NAME (PRINT) _____ SOCIAL SECURITY _____ DATE _____

1. I was not working in any capacity on a full time or regular part time basis.
 2. I was self-employed.
 3. I did not collect unemployment during this period.
 4. I was not convicted of a crime or felony involving a motor carrier or any aspect of the motor carrier industry.
 5. I was not involved in a motor vehicle accident of any type.
- I ALSO CONFIRM THAT DURING THAT PERIOD, THE STATEMENTS I HAVE CHECKED BELOW ARE TRUE:

DURING THIS PERIOD I WAS ENGAGED AS FOLLOWS:

DATES: From: _____ Month/Year _____ to _____ Month/Year _____

SIGNATURE _____ NAME (PRINT) _____ SOCIAL SECURITY _____ DATE _____

1. I was not working in any capacity on a full time or regular part time basis.
 2. I was self-employed.
 3. I did not collect unemployment during this period.
 4. I was not convicted of a crime or felony involving a motor carrier or any aspect of the motor carrier industry.
 5. I was not involved in a motor vehicle accident of any type.
- I ALSO CONFIRM THAT DURING THAT PERIOD, THE STATEMENTS I HAVE CHECKED BELOW ARE TRUE:

DURING THIS PERIOD I WAS ENGAGED AS FOLLOWS:

DATES: From: _____ Month/Year _____ to _____ Month/Year _____

DECLARATION OF WORK STATUS

Under the Federal Motor Carrier Safety Regulations (49 C.F.R. Section 391-23), Landstar is required to verify the work background of all prospective drivers for the preceding three years. You have advised that you were either self-employed or not working during the time period shown below. This form is designed to enable you to account for that period of work history, or period when you were not working, which cannot be verified by any other means. Therefore, in the section below, please fill in the dates and describe your activities during the referenced time period.

QUAL-DWS (April, 2003)

SIGNATURE _____ NAME (PRINT) _____ SOCIAL SECURITY _____ DATE _____

1. I was not working in any capacity on a full time or regular part time basis.
 2. I was self-employed.
 3. I did not collect unemployment during this period.
 4. I was not convicted of a crime or felony involving a motor carrier or any aspect of the motor carrier industry.
 5. I was not involved in a motor vehicle accident of any type.
- I ALSO CONFIRM THAT DURING THAT PERIOD, THE STATEMENTS I HAVE CHECKED BELOW ARE TRUE:

DURING THIS PERIOD I WAS ENGAGED AS FOLLOWS:

DATES: From: _____ Month/Year _____ to _____ Month/Year _____

SIGNATURE _____ NAME (PRINT) _____ SOCIAL SECURITY _____ DATE _____

1. I was not working in any capacity on a full time or regular part time basis.
 2. I was self-employed.
 3. I did not collect unemployment during this period.
 4. I was not convicted of a crime or felony involving a motor carrier or any aspect of the motor carrier industry.
 5. I was not involved in a motor vehicle accident of any type.
- I ALSO CONFIRM THAT DURING THAT PERIOD, THE STATEMENTS I HAVE CHECKED BELOW ARE TRUE:

DURING THIS PERIOD I WAS ENGAGED AS FOLLOWS:

DATES: From: _____ Month/Year _____ to _____ Month/Year _____

Under the Federal Motor Carrier Safety Regulations (49 C.F.R. Section 391-23), I and/or my employer is required to verify the work background of all prospective drivers for the preceding three years. You have advised that you were either self-employed or not working during the time period shown below. This form is designed to enable you to account for that period of work history, or period when you were not working, which cannot be verified by any other means. Therefore, in the section below, please fill in the dates and describe your activities during the referenced time period.

DECLARATION OF WORK STATUS

TRUCK OPERATOR CHECK OFF LIST

Complete all the pages of work history (COMPLETE 10 year work history, addresses, and telephone numbers of ALL past employees.) PLEASE NOTE: We must have phone numbers for the companies; we cannot take a reference given off a cell phone number

Page 4 of the work history, please make sure to answer bottom 3 questions

Copy of CDL with Hazmat OR a copy of your CDL and proof you have been fingerprinted and applied for hazmat

Copy of long form physical and medical card must have one half the time left on it. If you don't have one this will be at your expense

CPP or Workers Compensation Certificate (CPP is not allowed in the states of NY, NC, NJ, NV) you must complete WC or provide WC from the state.

Declaration of work status form MUST be filled out for ANY Self employed or Unemployed dates in the past 3 years

Once we have reviewed the above information we will contact you to set up a drug screen at a Landstar approved facility. The collection fee will be your expense

7 day back log - PLEASE HOLD UNTIL WE ASK FOR THIS

PLEASE NOTE: CRIMINAL BACKGROUND CHECKS WILL BE RAN ON ALL NEW OPERATORS.

PLEASE NOTE: Once you have submitted all of the above to our office a final review will be made with Landstar Systems Inc.

If you have any questions, please contact us from 8am - 5pm CST at 877-616-0097 Please return completed paper work via fax 877-791-8009 or 888-235-6319

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