



Driveaway Contractors Supplemental Application

COMPLETE THE FOLLOWING IF YOU ARE A DRIVEAWAY CONTRACTOR

Estimated number of trips: _____ weekly _____ monthly _____ annually

Radius of operations _____

Do you: drive vehicles use auto transporters

How many drivers are on the road at one time? _____

Who are your customers? Dealers Auto Wholesalers Other _____

Types of vehicles transported? _____

Are drivers: Employees Contract If contract, explain: _____

DRIVER SCHEDULE

Name	Date of Birth	Drivers license #	State	Violations/Accidents - 3 yrs.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's Signature

Date