



### **CARRIER SET-UP INFO:**

Welcome to the WALKER LOGISTICS INC. network! Please sign the attached Transportation Agreement & then return the appropriate documents by fax to **406-542-8391** or email to **dispatch@walkerlogisticsinc.com** prior to making your first pick up.

- ➔ **Remittance info & Transportation Agreement** *completed and signed*
- ➔ **Current Proof of Insurance** *cargo liability and general public liability*
- ➔ **Authorities**
- ➔ **W-9 Form**
- ➔ **Satisfactory DOT Safety Rating or Completed and signed Safety Profile**

We will not be able to confirm dispatch until we receive these documents, so please provide them as soon as possible.

### **DISPATCH REQUIREMENTS:**

You will receive a computer generated, Walker Logistics, Inc. load number & Rate confirmation for each dispatch you receive from Walker Logistics Inc. confirming the details and terms of the move as per agreement reached by phone. Every load **MUST** be confirmed in writing. Please sign the confirmation prior to loading as an indication of your receipt, and return by fax/email to the number indicated on the dispatch.

***Alert YOUR Billing Department about the following requirements to expedite the processing and payment of your invoices:***

### **IMPORTANT BILLING PROCEDURES:**

**All billing must be mailed to WALKER LOGISTICS, INC. head office at the address indicated on the bottom of the load confirmation.** Your invoice **MUST** reference WALKER LOGISTICS INC. ORDER # for each load moved; this number is found at the top right of the load confirmation faxed to your dispatcher prior to loading. The signed shipper's Bill of Lading must be attached to your invoice as proof of delivery.



**CREDIT INFORMATION**

**COMPANY INFORMATION: WALKER LOGISTICS INC.  
PO BOX 1313  
MISSOULA, MT 59806  
406-542-8390**

**MC # 523610 JULY 8, 2005      SCAC CODE: WKLS      FEDERAL TAX ID: 72-1565044**

**YEARS IN BUSINESS: 9 YEARS JUNE 2012**

**ACCOUNTS PAYABLE CONTACT: Barb Maus**

**PHONE: 406-542-8390      FAX: 406-542-8391**

**BANK INFORMATION:**

**FIRST INTERSTATE BANK      CONTACT: RYAN JONES      PHONE: 406-523-4229**

**101 EAST FRONT STREET      EMAIL: Ryan.Jones@fib.com      FAX: 406-523-4317**

**MISSOULA, MT 59802**

**YEARS OF BANKING RELATIONSHIP: 9 YEARS – COMPANY ESTABLISHED JUNE 2003**

**CREDIT REFERENCES:**

**R & K Trucking  
P.O. Box 6021  
Helena, MT 59601  
406-442-2897  
Jim**

**Kelly Express  
21902 31<sup>st</sup> Ave. E.  
Spanaway, WA 98387  
253-576-9015  
Kelly**

**Corcoran Trucking  
221 Lomond Lane  
Billings, MT 59103  
800-245-6065  
Dave**

**Sharp Transportation  
P.O. Box 3452  
Logan, UT 84323  
800-258-2074  
Kevin**

**Lightning Express  
33 W. 59<sup>th</sup> St.  
Westmont, IL 60559  
630-914-5595  
Drew**



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
**July 08, 2005**

**LICENSE**

**MC-523610-B**

WALKER LOGISTICS, INC  
MISSOULA, MT

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker, arranging for transportation of freight (except household goods)** by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in black ink, appearing to read 'Angeli Sebastian'.

Angeli Sebastian, Chief  
Information Systems Division

BPO

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**Property Broker's Surety Bonds under 49 U.S.C. 13906**

KNOW ALL MEN BY THESE PRESENTS, THAT we  
WALKER LOGISTICS, INC.

Property Broker Name

of

2417 BENTON AVENUE, MISSOULA, MT, 59502

Principal Address

as PRINCIPAL (hereinafter called Principal), and AMERICAN ALTERNATIVE INSURANCE CORPORATION, a  
Surety Name

corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Public Law 99-563, created and existing under the laws of the State of Delaware (hereinafter called Surety) are held and firmly  
Surety Incorporation

bound unto the United States of America in the sum of \$10,000, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration ("FMCSA") relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the FMCSA such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as a licensed Property Broker of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the FMCSA, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

Now, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the FMCSA, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the FMCSA forthwith of all suits filed, judgments rendered, and payments made by said Surety under this bond.

This bond is effective the 13 day of May, 2012, 12:01 a.m., standard time at the  
Date Month Year

address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the FMCSA at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA.

The Surety shall not be liable hereunder for the payment of any damages hereinbefore described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

BOND NO: MC523610

ACCT LOC ID: 100110896 Page 1 of 2

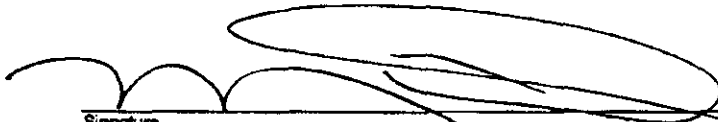
The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified on the face of this form, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 15 day of

March, 2012  
Month Year

WALKER LOGISTICS, INC.  
Principal Name (Company, Individual, etc.)

  
Signature  
MICHAEL T. WALKER  
Printed or Typed Name of Signor  
President  
Title of Signor

Barbara Mays  
Witness Signature  
Barbara Mays  
Printed or Typed Name of Witness

AMERICAN ALTERNATIVE INSURANCE CORPORATION

Matthew L. Zehner  
MATTHEW L. ZEHNER  
Attorney-in-Fact



Jennifer Chwastyk  
JENNIFER CHWASTYK  
Witness

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	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"/> Exempt payee	
	<input type="checkbox"/> Other (see instructions) ▶	
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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### 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.

# Walker Logistics, Inc.

Mailing Address: PO BOX 1313 Missoula, MT 59806 \*Office 406-542-8390 \*Fax 406-542-8391

## CARRIER-BROKER CONTRACT

Walker Logistics, Inc. (Broker) and the undersigned (Carrier) agree as follows:

### 1. Warranties of Parties:

Broker warrants that it holds a valid Broker's License No. MC-523610 (Sub OB) from the Motor Carrier Board of the Federal Highway Administration and that Broker will have working control over the transportation of the goods it will tender as contemplated in *Dixie Midwest Exp. Inc Ext - Gen. Commod., 132 M.C.C. 794 (1982)* Carrier warrants that it has authority to conduct the operation and that it will serve broker personally in accordance with its shipping instructions and asserted distinct needs. Carrier agrees that it shall not Broker to any other Motor carrier any load tendered to it by broker hereunder, unless carrier obtains the prior written consent of Broker.

### 2. Insurance Requirements:

Carrier shall maintain minimum coverage of \$100,000 Cargo Insurance, \$1,000,000 public liability and property damage per incident on each vehicle and statutorily required worker's compensation insurance on its employees evidenced by a certificate of insurance requiring that Broker be provided with thirty (30) days written notice as to the effective date of any cancellation or material change in said policy (ies). Broker shall be named as additional insured on carrier's cargo and public liability/property damage policies, which shall be evidenced by a certificate of insurance provided to Broker.

### 3. Carrier Hold Harmless (Broker and Owner)

Carrier agrees to comply with all federal, state, and local laws, rules, regulations, and conditions governing its activities hereunder and to indemnify, defend, release, and hold broker and the owner of the property transported (Owner) harmless from and against all liability, costs, and expense for loss of or damage to property and/or injury to or deaths of persons (including, but not limited to, the property and employees of each party hereto) except if caused by the negligence or willfulness of the Broker or Owner. Carrier warrants that it will only use competent, able and properly trained drivers, and that all such drivers shall meet all applicable department of Transportation qualifications, including medical, drug and alcohol standards. Carrier further warrants that all equipment it utilizes for performance hereunder shall meet all applicable state and federal safety requirements and be in good working order. All dry van trailers shall be free of holes in roof and siding.

### 4. Carrier Cargo Liability:

Carrier shall be liable to the Broker and the Owner for loss or damage to any property transported from the time cargo is loaded upon Carriers' equipment at point of origin, and continues until said cargo is delivered to the designated consignee at destination or at stop-off. The liability shall be for the full value of the item, which shall be understood to mean the invoice value of the lost or damaged item (s). Claims shall be processed promptly and a settlement by Broker or the Owner shall be binding on the other party.

### 5. Rates, Charges, and Payments:

All shipments will be made on a prepaid basis at a rate of \$100 per load. Carrier and Broker may negotiate a different rate by written memorandum which shall be prepared by broker and acknowledged by Carrier. Broker shall pay all lawful freight charges within thirty (30) days after Broker's receipt of any original Bill of Lading along with freight bill and sufficient proof of delivery. Carrier agrees to release and waive any claim against the owner for freight charges, and agrees to seek payment for freight charges from Broker only.

**6. Series of Shipments:**

Broker agrees to offer to Carrier a series of shipments during the term of this agreement the specific number of which shall be determined by the availability of carrier's equipment and loads tendered to Broker by Owner. Broker has the right to hire additional carriers from time to time to meet obligations to Owners.

**7. Independent Contractor Relationship:**

The relationship of the carrier to the Broker shall, at all times, be that of an independent contractor.

**8. Entire Agreement and Modifications:**

This agreement, which supersedes and cancels any prior agreement, constitutes the entire agreement between the parties and may not be modified or emended or a breach waived unless accomplished in writing.

**9. Non-Compete:**

Carrier shall not solicit business directly from any shipper, consignee, or customer of Broker where the business was first tendered to Carrier by Broker while this agreement is in effect and for one hundred and twenty days (120) thereafter.

**10. Environment and Discrimination:**

The provisions herein will not result in an adverse effect on the quality of the human environment and operations will be conducted in compliance with all relevant statutes, regulations, and executive orders dealing with discrimination.

**11. Arbitration:**

Any dispute arising over the interpretation or application of this agreement which cannot be resolved by the parties will be submitted to final and binding arbitration under the commercial arbitration Rules of the ADR Council, Inc. of Lenexa, Kansas at a point agreed upon by the parties or, if no agreement can be reached, in Missoula, MT.

**12. Term of Agreement:**

This agreement, which shall be governed by the laws of the State of Montana, shall remain in effect for a period of one year from date, and from year to year thereafter, subject to cancellation upon thirty (30) days written notice. The parties, by authorized representation, have signed this agreement on the date and location indicated (to which all notices will be given) and it shall be effective on the date agreed to by Carrier.

CARRIER \_\_\_\_\_

WALKER LOGISTICS, INC.

I.C.C. No.: MC- \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Signatory's Name: \_\_\_\_\_  
(Please Print)

Signatory's Name \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: PO Box 1313  
Missoula, MT 59806

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_





**CARRIER REMITTANCE & DATA SHEET**

**NOTE!** The following information **MUST BE COMPLETED IN FULL** to register your company with **WALKER LOGISTICS INC:**

Full Legal Company Name: ..... MC-.....

Physical Address (PO Box not acceptable): .....

.....

City: ..... State: ..... Zip: .....

Company Web Address: .....

**IMPORTANT!** Does your company factor invoices? [ ] Yes [ ] No

**REMIT TO COMPANY NAME**, (if different than above):

.....

Remittance Mailing Address:

.....

City: ..... State: ..... Zip: .....

Receivables Contact: ..... Remit Contact E-mail:.....

Receivables Phone: ..... Receivables Fax:.....

**CONTACT INFORMATION:**

Dispatch Contact:..... E-mail:.....

Dispatch Phone: ..... Dispatch Watts: .....

Dispatch Fax: ..... Rates Contact: .....

Rates Phone:..... Rates Fax:.....

After Hours or Emergency Contact: .....

After Hours or Emergency Phone:.....

**INSURANCE INFORMATION\*:**

Contact Name: ..... E-mail: .....

Phone: ..... Fax: .....

**\*Attach copy of Insurance Certificate, Authority, and W-9 to facsimile\***



**OPERATIONS INFORMATION:**

List Preferred Lanes:.....  
 .....  
 .....

List Backhaul or Flat Lanes that we can help with:.....

Are your trucks on satellite?: ..... Do drivers carry cell phones?: .....

US Custom Bond #: ..... Canadian Custom Bond #: .....

Please check if your services include:            HAZMAT [ ]            Teams [ ]            Air Ride [ ]

**Is your company a Free and Secure Trade (FAST) Registered Highway Carrier? [ ] Yes [ ] No**

**Please give us an indication of the types of trucks in your fleet . . .**

<b><u>REEFERS</u></b>	48ft	53ft	<b><u>FLATDECKS</u></b>	48ft	53ft	<b><u>HEAVY-HAUL</u></b>	
Tandem	[ ]	[ ]	Sidekit	[ ]	[ ]	<b><u>Double Drop</u></b>	
Tridem	[ ]	[ ]	Tandem	[ ]	[ ]	10 Axle	[ ]
Flush Mounted	[ ]	[ ]	Tridem	[ ]	[ ]	12 Axle	[ ]
Multi Temp	[ ]	[ ]	Trombone	[ ]	[ ]	13 Axle	[ ]
Smart Reefer	[ ]	[ ]	<b><u>Dropdeck</u></b>	[ ]	[ ]	19 Axle	[ ]
Wooden Floor	[ ]	[ ]	Sidekit	[ ]	[ ]	Expandable	[ ]
Shute	[ ]	[ ]	Tandem	[ ]	[ ]	RGN	[ ]
<b><u>VANS</u></b>			Tridem	[ ]	[ ]	Other?.....	
Tandem	[ ]	[ ]	Trombone	[ ]	[ ]	.....	
Tridem	[ ]	[ ]	Super-B/Maxi	Yes [ ]	No [ ]	.....	
Logistics	[ ]	[ ]	<b><u>FLEETSIZ</u></b>			.....	
			<b>(# Power Units)</b>			.....	

**Is your company a SmartWay Certified Company? Yes [ ] No [ ]**

This certificate must be filled out if your rating is conditional or if you are unrated.

Name of Motor Carrier:

MC #:

Safety Certifications (Applicants subject to FMCSRs must complete certification item(s) 18A through 18C. If you were given a CONDITIONAL safety rating by the FMSCA, are you taking steps to address the deficiencies?

Yes No N/A

If you do not yet have a safety rating by the FMSCA (UNRATED), are you in compliance with all current US DOT Federal Motor Carrier Safety Regulations?

Yes No N/A

Please answer the following questions about your company . . .

A) Applicant maintains current copies of all U.S. DOT Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, and the Hazardous Materials Regulations (if a property carrier transporting hazardous materials), understands and will comply with such regulations, and has ensured that all company personnel are aware of the current requirements.

Yes

No

B) Applicant certifies that the following tasks and measures are fully accomplished and procedures are fully implemented for safe operations in the United States.

Yes

No

1. Driver Qualifications:

a) The carrier has in place a system and procedures for ensuring the continued qualification of drivers to operate safely, including a safety record for each driver, procedures for verification of proper licensing of each driver and procedures for identifying drivers who are not complying with the safety regulations.

Yes

No

b.) The carrier has procedures in place to review drivers. employment and driving histories for at least the last 3 years to determine whether or not the individual is qualified and competent to drive safely.

Yes

No

c.) The carrier has established a program to review the records of each driver at least once every 12 months and will maintain a record of the review.

Yes

No

d.) The carrier will ensure that all of its drivers are at least 21 years of age and if applicable possess a valid Commercial Drivers License (CDL).

2. Hours of Service:

a) The carrier has in place a record keeping system and procedures to monitor the hours-of-service performed by drivers, including procedures for continuing review of drivers. log books, and for ensuring compliance with all operations requirements.

Yes

No

b) The carrier has ensured that all drivers are knowledgeable of the hours-of-service requirements, and has clearly and specifically instructed the drivers concerning their responsibility to comply with applicable 10/11,14/15, and 60/70-hour rules as well as the requirement for preparing daily log entries in their own handwriting for each 24-hour period.

Yes

No

3. Drug and Alcohol Testing:

a.) The carrier is familiar with the alcohol and controlled substance testing requirements of 49 CFR part 382 and 49 CFR part 40 and has in place a program for systematic testing of drivers.

Yes

No

4. Vehicle Conditions:

a.)The carrier has established a system and procedures for inspection, repair and maintenance of its vehicles in a safe condition, and for preparation and maintenance of records of inspection, repair and maintenance in accordance with the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations

Yes

No

b.) The carrier will ensure that all violations and defects noted on inspection reports are corrected before vehicles and drivers are permitted to continue operation.

Yes

No

5. Accident Monitoring Program:

a.) The carrier has in place a program for monitoring vehicle accidents and maintains an accident register in accordance with 49 CFR 390.15.

Yes

No

b.) The carrier has established an accident countermeasures program and driver training program to reduce accidents.

Yes / NO

**6. Production of Records:**

**a.) The carrier can and will produce records demonstrating compliance with the safety requirements within 48 hours of receipt of a request from a representative of the US DOT/FMCSA or other authorized Federal or State official.**

**Yes**

**No**

**7. Hazardous Materials (to be completed by carriers of hazardous materials only).**

**n/a**

**a.) The HM carrier has full knowledge of the U.S. DOT Hazardous Materials regulations and has established programs for the thorough training of its personnel as required under 49 CFR part 172, Subpart H, and 49 CFR 177.816.**

**Yes**

**No**

**n/a**

**b.)The carrier has established a system and procedures for inspection, repair and maintenance of its reusable hazardous materials packages (cargo tanks, portable tanks, cylinders, intermediate bulk containers, etc.) in a safe condition, and for preparation and maintenance of records of inspection, repair and maintenance in accordance with the U.S. DOT Hazardous Materials Regulations.**

**Yes**

**No**

**n/a**

**c.) The HM carrier has established a system and procedures for filing and maintaining HM shipping documents.**

**Yes**

**No**

**n/a**

**d.) The HM carrier has a system in place to ensure that all HM trucks are marked and placarded as required by 49 CFR part 172, Subparts D and F.**

**Yes**

**No**

**n/a**

**e.) The carrier will register under 49 CFR part 107, Subpart G, if transporting any quantity of hazardous materials requiring the vehicle to be placarded.**

**Yes**

**No**

**8. For Cargo Tank (CT) Carriers of HM**

**a.) The carrier has a system in place to ensure that its cargo tanks are inspected and tested as required by 49 CFR 180 by a facility registered with the U.S. DOT under part 107, Subpart F.**

**Yes**

**No**

**C. All applicants must certify as follows:**

**1.Applicant is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U.S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards, and minimum financial responsibility requirements.**

**Yes**

**No**

**2. Applicant is not presently disqualified from operating commercial vehicles in the United States pursuant to the Motor Carrier Improvement Act of 1999 or any other law.**

**Yes**

**No**

**I, ....., certify that I am familiar with the Federal Motor Carrier Safety**

**Regulations and/or the Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered**

**on this report is, to**

**the best of my knowledge and belief, true, correct, and complete.**

**Signature:.....**

**Printed Name: .....**

**Title:.....**

**Date: .....**