



SIGN ON CHECKLIST

Tryon Trucking, Inc.
Box 68, Fairless Hills, PA 19030

DRIVER: _____

UNIT#: _____

SIGN ON DATE: _____

OWNER: _____

DRIVER QUALIFICATION PAPERWORK

- _____ ACKNOWLEDGEMENT FORM
- _____ INSURANCE DEDUCTIBLE FOR CARGO CLAIMS & ACCIDENTS
- _____ COMDATA – CONSENT FOR RELEASE OF INFORMATION
- _____ COPY OF CURRENT CDL & MEDICAL CERTIFICATE
- _____ W-9 TAX ID CERTIFICATION
- _____ ESCROW FUND
- _____ UNAUTHORIZED PASSENGER POLICY
- _____ FOLLOWING DISTANCE POLICY
- _____ FATIGUE AWARENESS POLICY
- _____ CERTIFICATE OF RECEIPT OF DRUG & ALCOHOL POLICY
- _____ ROADSIDE INSPECTION REWARD
- _____ CSA SERIOUS ROADSIDE VIOLATION INFRACTION PENALTY SCHEDULE
- _____ ACCIDENT REPORTING POLICY & ACCIDENT KIT

TRACTOR AND TRAILER PAPERWORK

- _____ COPY OF TRACTOR & TRAILER REGISTRATIONS
 - _____ NEWLY COMPLETED FEDERAL ANNUAL INSPECTION (TRACTOR & TRAILER)
 - _____ ELECTRONIC LOGGING DEVICES
 - _____ COMPLETED AND SIGNED LEASED AGREEMENT
 - _____ BOBTAIL / DEADHEAD (NON-TRUCKING) INSURANCE
 - _____ PHYSICAL DAMAGE INSURANCE (Additional cost) _____ Yes _____ No
- Must Contact Karl Rother in Morrisville, for rates and implementation of policy.***

COMDATA CARD #: _____

IFTA #: _____

NY HUT PERMIT: _____ Yes _____ No

NEW MEXICO PERMIT: _____ Yes _____ No

TEXAS INTRASTATE PERMIT: _____ Yes _____ No ELD Serial # _____



P.O. BOX 68
FAIRLESS HILLS, PA 19030
800.523.5254
215.295.6622
215.295.7168 (FAX)

ACKNOWLEDGMENT FORM

Driver Handbook

I have received and read the Driver Safety Manual. I understand that the information within is important to my success as a professional driver in my new position with the company. I am expected to follow the policies presented, and will be held responsible for the proper performance of my duties.

Driver's Receipt of FMCSR Pocketbook

I have received the issue of the FMCSR Pocketbook that includes all revisions issued on or before February 1, 2018. I acknowledge receipt of this Federal Motor Carrier Safety Regulations Pocketbook. In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the US Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations.

Driver Name

Tryon Representative

Driver Signature

Signature

Date

Date



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Insurance Deductible for Accidents & Cargo Claims

Accident Deductible

Effective 1/1/2016 there will be a \$1,750 deductible applied to the owner operator if the insurance carrier accepts liability. This deductible will also include the rental and leased equipment which you have in possession at the time of accident.

Cargo Claims

Effective 1/1/2016 in regards to any instance involving a cargo claim the owner operator will be held responsible. The owner operator will be subject to a deductible amount total of \$1,750 for the cargo claim.

Driver Name

Tryon Representative

Driver Signature

Signature

Date

Date



ADDENDUM TO APPLICATION

Consent for Release of Information

Applicant Name: _____

Social Security Number: _____ Date of Birth: _____

or Federal Tax ID #: _____

Consent for Tryon Trucking to Disclose Information

I authorize the representative of Tryon Trucking, Inc. to disclose my Social Security number and my birth date to COMDATA or its successors, agents or employees, so that I may obtain and have the privilege of using a COMDATA debit card in order to receive monetary advances during my tenure with Tryon Trucking, Inc., as an independent contractor driver.

I understand that this consent is a voluntary act on my part and that I am not required to permit the disclosure of such information nor am I required to use said debit card. I understand though that the above personal information that I authorize to be given to COMDATA is necessary for it to have in order to issue the debit card and without it the card cannot be issued.

This authorization will remain in effect until I revoke my consent in writing. I understand that the use of this information is strictly confidential and that it may only be shared with those agencies and/or individuals who have a need to know such information as required by law, or as provided in this Release. I also understand that I have the right to revoke this consent at any time without negative consequences being imposed on me by Tryon Trucking, Inc. it agents or employees.

I further waive any and all claims I may have against Tryon Trucking, Inc for damages of any nature or kind that I may incur in the event this information is wrongfully obtained by a third party in any manner whatsoever.

Contractor Signature: _____ Date: _____

Tryon Trucking Inc. Representative Signature: _____ Date: _____

I, _____, revoke this authorization of confidential information.

Contractor Signature: _____ Date: _____

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Other (see instructions) ►

C Corporation

S Corporation

Partnership

Trust/estate

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
or								
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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here Signature of U.S. person ► _____ Date ► _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



ESCROW FUND

This is an addendum to lease vehicle identification number (vin) _____ effective upon date signed listed below owner shall be required to deposit with the carrier as Escrow Funds the sum of one thousand dollars (\$1000) which may be applied in payment to carrier for the following items: Cargo Claims, Fuel Decals / Mileage Taxes and other Charge-Back items, and return of Carrier Property at time of termination.

Carrier shall account to owner for all transactions involving said escrow funds on each settlement sheet between owner and carrier. Owner has the right to demand an accounting from carrier of transactions involving said escrow fund. While escrow funds are under control of carrier, carrier shall pay interest on the escrow fund at least on a quarterly basis in accordance with 49 CFR 376.12. For purposes of calculating the balance of the escrow fund on which interest must be paid, the carrier may deduct a sum equal to the average advance made to the individual lessor during the period of time for which interest is paid. At time of termination of this agreement, carrier shall make all proper deductions from said escrow funds and make a final accounting to owner of all final deductions from said escrow funds and return the balance of said escrow funds to owner within thirty (30) days of the termination of this agreement.

Date

Driver's Signature

Driver's Name (printed)

Date

Tryon Representative



Unauthorized Passenger Policy

Required by Federal Law
(49 CFR 392.60)

While large commercial transportation firms can and do authorize co-drivers or team drivers to share in the driving responsibility, most trucking firms do not allow any unauthorized passengers in the cab while driving. The US Department of Transportation (DOT) and Federal Motor Carrier Safety Administration address unauthorized passengers in Subpart G, Prohibited Practices – CFR 392.60 Unauthorized Person Not to Be Transported. Under federal safety rules for commercial motor vehicles (CMVs), passengers are not allowed on CMVs (except buses) unless they are specifically authorized by the motor carrier. As for Tryon Trucking it is going to be our company policy that there will be no authorization made for any passengers. No passengers will be allowed in trucks operating under the authority of Tryon Trucking.

Allowing unauthorized passengers is also becoming a serious liability exposure with owner operators. This group may not understand the serious nature of bringing along an unauthorized passenger. Whether it's on their next long haul trip or a ride with the family to the local grocery store, this practice increases their liability exposure tremendously. If the owner/operator becomes involved in a vehicle accident with an unauthorized passenger in the cab it increases the liability of the driver. The driver becomes liable for his/her actions and for the injuries sustained to the passenger. Should the unauthorized passenger become injured, the insurance coverage for their injuries may not be available, depending on the circumstances surrounding the accident.

Driver's Name Printed: _____

Driver's Signature: _____ Date: _____



FOLLOWING DISTANCE POLICY

Tryon Trucking's commercial vehicle drivers are responsible for driving tractor-trailer combinations that weigh up to 80,000 lbs. We are dedicated to highway safety and accident prevention. A greater following distance may mean the difference between life and death. Tailgating, whether done unconsciously or negligently, is responsible for approximately one-third of rear-end collisions. The Safe Following Distance Policy applies to all drivers who are leased on to Tryon Trucking.

The best method for determining a safe following distance is to follow the "Six-Second Rule". Effective immediately all drivers are required to abide by the conditions indicated:

- DAY-TIME with good conditions (dry roads, low traffic volume): Practice the six second rule. Select a fixed object on the road ahead (sign, tree, etc.) and start counting when the vehicle ahead passes the object (one one-thousand, two one-thousand . . . six one-thousand). The objective is to maintain a distance whereby the object is reached exactly (or greater than) six seconds after the vehicle passed it. Reaching the object before finishing the count indicates following too closely.
- NIGHT-TIME or DAY-TIME with bad conditions (heavy traffic, rain, fog, snow): Double the six-second rule for added safety.
- In rush-hour traffic, it is recommended by professional drivers to drive 3-5mph slower than the flow of traffic. This practice allows other vehicles to pull away from you, increasing the following distance. It is impossible and certainly unsafe to keep other vehicles out of your lane. Driving a bit slower is the best technique to practice in your goal of protecting other motorists. The most important element in a successful trucking operation is safety. No load is so important that any driver should endanger him/herself or any other person. Rear-end collisions are often the most severe and costly vehicle accident exposures our company will encounter. We are committed to reducing both the frequency and severity of rear end type crashes. Following the six-second rule (and doubling at night and in bad weather conditions) will help to provide the proper distance and response time to prevent potential collisions.

Should you have any questions, please contact the Safety Department.

- **Please drive as if your family was in the vehicle ahead of you! It is your responsibility to "protect" other motorists on our highways.**

Date

Driver's Signature



Fatigue Awareness Policy

It shall be the policy of Tryon Trucking, Inc. that the following program is instituted concerning general awareness of driver fatigue:

- All independent contractor drivers hired by our company shall be given instruction during initial orientation on the causes and results of driver fatigue. This training shall also include methods for identifying, avoiding and dealing with driver fatigue as it relates to our operation.
- At least twice a year driver fatigue shall be the topic of safety meetings, which are attended by each independent contractor driver.

Our company shall dispatch drivers in a manner, which reduces driver fatigue by controlling and monitoring driver use and availability. This system shall be computer based and proactive in nature.

Dispatch and operational personnel shall be required to interact with drivers throughout the day and note the condition of any driver showing signs of driver fatigue. Such a noted driver shall be removed from driving duty until the agent or operational personnel satisfies him/herself that the driver is alert and cleared for continued duty.

Driver Name

Tryon Representative

Driver Signature

Signature

Date

Date



CERTIFICATE OF RECEIPT OF DRUG & ALCOHOL POLICY

I have received a copy of Tryon Trucking, Inc. controlled substances and alcohol policies and procedures, including the addendum on compensation of testing fees.

Date

Driver's Signature

Driver's Name (printed)

Tryon Trucking Representative

ROADSIDE INSPECTION REWARD

Safety has implemented a new reward for clean roadside inspections. A clean Level 1 inspection that is turned in to the safety department will be payable to the equipment owner.

- ☐ **Level 1 Inspection (Full) with no violations - \$200.00**

We are striving to lower the CSA scores as it is important to everyone for a variety of reasons. Primarily it lowers the number of times that you will get pulled over by the D.O.T.

Remember these important items if you are pulled over for a roadside inspection:

MOST IMPORTANT ITEM IS TO ALWAYS HAVE YOUR LOGBOOK CURRENT AND THE PREVIOUS SEVEN DAYS WITH YOU, THIS IS THE FIRST ITEM THEY LOOK AT.

- ☐ Be organized, have all of your paperwork ready (CDL, Medical Certificate, Vehicle registration and inspections).
- ☐ Make sure your truck has been maintained, especially tires, brakes and lights. These are the most common violations that Tryon drivers are cited for. (Always do a pre-trip inspection).
- ☐ Make sure if a violation is not found that you get a roadside showing this. In some cases, the officer will let you go without issuing a report. We want one if it is clean.

PLEASE REMEMBER: All roadsides need to be logged at the appropriate time, on-duty not driving. If there are equipment violations, we will need to have the PM inspection and any receipts showing these repairs were made.



CSA Serious Roadside Violation Infraction Penalty Schedule

CSA 2010 Compliance and Enforcement Program

Comprehensive Safety Analysis 2010's (CSA 2010) measurement system groups' safety performance data into the following six categories called BASIC's – Behavioral Analysis Safety Improvement Categories:

- (1) Unsafe Driving, (2) Fatigued Driving, (3) Driver Fitness, (4) Controlled Substances/Alcohol, (5) Vehicle Maintenance, (6) Crash Indicator

To address each of these categories, Tryon Trucking, has defined and implemented the following corrective actions:

If a qualified independent contractor driver receives an infraction for a CSA serious roadside violation with a severity factor of seven (7) or greater the driver will be subject to the following fine schedule:

1st Offense - \$75.00 penalty and contact with the safety department

2nd Offense - \$150.00 penalty and conference call with agent and safety director

3rd Offense - \$250.00 penalty and mandatory hearing review

Note: Infractions are counted if they are written as warnings or tickets identified during a write up on a DOT inspection. Once 12 months has elapsed from the roadside infraction date the infraction will no longer be counted against any further roadside inspection infractions.

Examples of such infractions would be log book not current, driving after the 14th hour on duty, driving more than 11 hours, failure to take 30 minute break, driving while suspended, failure to have medical certificate on person. These are just a few of the serious roadside infractions.

Date

Driver's Signature

Driver's Name (printed)

Tryon Trucking Representative



ACCIDENT REPORTING

ANY ACCIDENT MUST BE REPORTED IMMEDIATELY TO THE SAFETY DEPARTMENT OF TRYON TRUCKING, REGARDLESS OF HOW MINOR IT MAY APPEAR.

FAILURE TO REPORT AN ACCIDENT WILL RESULT IN A \$250.00 PENALTY AND MAY RESULT IN THE TERMINATION OF THE INDEPENDENT CONTRACTOR LEASE.

DURING NORMAL BUSINESS HOURS (MONDAY - FRIDAY 8:00AM TO 5:30PM)

CALL AND ASK FOR

AT:

KARL ROTHER

1-800-523-5254 EXT. 113

MIKE CHRISTENSEN

1-215-295-6622 EXT. 308

JOHN POPOWICH

1-215-295-6622 EXT. 121

DURING OFF HOURS CALL KARL ROTHER (IN THIS ORDER)

1. KARL CELL # 1-215-620-9800
2. KARL HOME # 1-215-741-1788

- BE SURE YOU HAVE WITHIN YOUR TRUCK AN ECBM ACCIDENT KIT WHICH INCLUDES A CAMERA AND ACCIDENT REPORT FORM. **INSERTED ON THE TOP OF THE ACCIDENT KIT IS A FLIP CARD WHICH CONTAINS INSTRUCTIONS ON WHAT TO DO IN CASE OF ACCIDENT.**
- IN ADDITION ENSURE THERE IS A POST ACCIDENT DRUG & ALCOHOL CHAIN OF CUSTODY FORM WITH A FEDEX SHIPPING LABEL WITHIN YOUR TRUCK AT ALL TIMES.

Driver's Signature: _____ Date: _____