



## 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