



Date \_\_\_\_\_

**Owner Operator Application**

10 Pages

MCP# \_\_\_\_\_

ICC MC# \_\_\_\_\_

US DOT# \_\_\_\_\_

**Company Information**

Fax back : 213-628-3523

Name of Trucking Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

(1) Driver's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

(2) Driver's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Intrastate Travel (California Only)**

MCP# \_\_\_\_\_ Expiration Date \_\_\_\_\_ CHP BIT Program \_\_\_\_\_

MCP# is a yearly permit issued by DMV.

W-9 \_\_\_\_\_

**Certificate of Insurance**

Insurance Broker \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ 1,000,000 Liability minimum

\_\_\_\_\_ 100,000 Cargo minimum

\_\_\_\_\_ Refrigeration endorsed on Certificate of Insurance

\_\_\_\_\_ Additional Insured endorsement for liability & cargo

\_\_\_\_\_ Physical damage coverage if applicable

\_\_\_\_\_ Loss Payee clause if leasing a Challenger Trucking Inc. trailer \$50,000 PD

\_\_\_\_\_ Certificate of Insurance made to **Challenger Trucking Inc.**

Currently in a Controlled Substance abuse consortia/program? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Program \_\_\_\_\_ Phone \_\_\_\_\_

**Office Use Only**

Proof of Enrollment in Consortia

Certificate of Insurance

Sign Motor Carrier of Property Certificate of Compliance

W-9

safersys.org. Printout

Signed Broker Agreement

## 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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=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 Line 1 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
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**MOTOR CARRIER OF PROPERTY**

**CERTIFICATE OF COMPLIANCE**

CHP 809 (Rev. 2-98) OPI 062

I, the undersigned, certify that \_\_\_\_\_  
(Contracted Carrier's Name)

holds a Motor Carrier of Property Permit, Number \_\_\_\_\_, which is valid through \_\_\_\_\_,  
(CA Number) (Date)

a copy of which is attached. I further certify that I, or a company officer, will immediately notify users of this company's services if the permit is suspended, revoked, or is otherwise rendered invalid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
California Driver's License Number

\_\_\_\_\_  
Date

Services Provided For: \_\_\_\_\_  
(Contracting Carrier's Name)

One copy of this certificate shall be provided to the person for whom services are provided (*the contracting motor carrier*); one copy shall be retained by the motor carrier of property (*the contracted motor carrier*). Copies shall be retained by both parties for the duration of the contract or period of service plus two years, and shall be presented for inspection upon the request of an authorized employee of the California Highway Patrol or the Department of Motor Vehicles.

c809\_298.frp

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Title

\_\_\_\_\_  
California Driver's License Number

\_\_\_\_\_  
Date

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One copy of this certificate shall be provided to the person for whom services are provided (*the contracting motor carrier*); one copy shall be retained by the motor carrier of property (*the contracted motor carrier*). Copies shall be retained by both parties for the duration of the contract or period of service plus two years, and shall be presented for inspection upon the request of an authorized employee of the California Highway Patrol or the Department of Motor Vehicles.

c809\_298.frp



## **Authority Requirements**

To qualify as a Motor Carrier doing business with Challenger Trucking Inc. you must have a current copy of the following authorities/permits on file with Challenger Trucking Inc..

### **Authorities:**

**MOTOR CARRIER PERMIT – (MCP) – CURRENT COPY**  
**UCRA for non-expiring Interstate CA carriers.**  
**BIT- Proof of enrollment in CA BIT Program if applicable**  
**DOT#- (Required for all interstate movement.)**  
**ICC Authority- (Required for all regulated interstate movements)**

### **Required signed documents:**

**Brokerage Agreements**  
**W-9 Request Taxpayer Identification Number and Certification**

**Please contact the Safety Department at (1-213-628-3696 ) ask for Luis for information.**

**Fax all originals to: 213-628-3523**

**Mail all original certificates: Challenger Trucking Inc. / Challenger Leasing Co. Inc.**  
**1217 East 6th St.**  
**Los Angeles, CA 90021**

SEP 10 2001

# MOTOR CARRIER PERMIT



DEPARTMENT OF MOTOR VEHICLES

Motor Carrier Permit Branch  
P.O. Box 932370  
Sacramento, CA 94232-3700

Valid  
From:

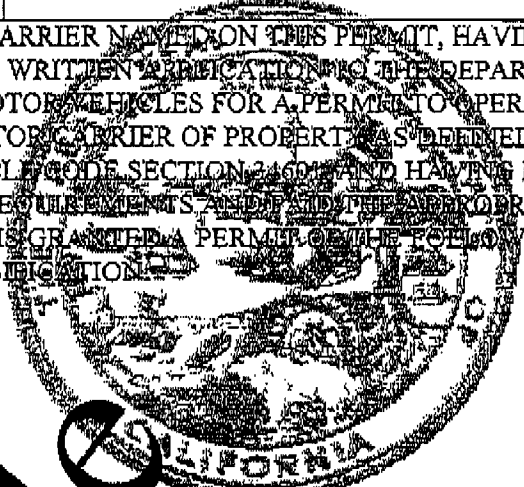
09/04/2001

Valid  
Through:

08/31/2002

CA#: 0022346

THE CARRIER NAMED ON THIS PERMIT, HAVING MADE WRITTEN APPLICATION TO THE DEPARTMENT OF MOTOR VEHICLES FOR A PERMIT TO OPERATE AS A MOTOR CARRIER OF PROPERTY AS DEFINED IN VEHICLE CODE SECTION 24601 AND HAVING MET THE REQUIREMENTS AND PAID THE APPROPRIATE FEES, IS GRANTED A PERMIT OF THE FOLLOWING CLASSIFICATION:



**For Hire  
Full Year**

Pmt Date: 07/24/2001	Office #: 154
Account #: 18905	Tech ID: MW
Sequence #: 0025	Amt Paid: \$465.50

Sample



## Trailer Lease Information

### Insurance Requirements

Certificates must be made out to **Challenger Leasing Inc./Challenger Trucking Inc.** List as additional insured endorsement(s) for both CHLI (Challenger Leasing Inc.) and CHTI (Challenger Trucking Inc. When leasing a Challenger company trailer, equipment must be scheduled with CHLI listed as an additional insured and loss payee.

### Physical Damage

Required only when leasing a trailer from Challenger Leasing Inc.

\*\* Value \$50,000.00 with a max deductible \$2,500.00.

\*\* Challenger Leasing Inc./Challenger Trucking Inc. owned trailers must have a loss payee endorsement.

\*\* Trailer must be scheduled

\*\* Coverage must cover trailer 24 hours a day attached or detached.

\*\* No limiting endorsements. Agent must certify, in writing, that lock truck or lock vehicle provisions in policy do not exist.

No restrictions on endorsements.

### Cargo

\$100,000.00 Max deductible \$1,000.00

\*\* Reefer breakdown endorsement – Max deductible \$2,500.00

\*\* Perishable commodities endorsement

\*\* Additional Insured or Loss Payee endorsement listing Challenger Leasing Inc./Challenger Trucking Inc.

### Trailer Interchange/ or Unidentified Trailer

Requires special agreement with Challenger Leasing Inc./Challenger Trucking Inc, Value \$50,000.00 Max Deductible \$1,000.00

This coverage is in addition to the required physical damage coverage on the scheduled trailer. Lessee may be asked to drop the scheduled trailer and hook onto an unidentified unit. This will be for short periods of time. However the unidentified trailer must be covered when this occurs. Challenger Leasing Inc./ Challenger Trucking Inc. realizes that the insured will be required to purchase additional coverage. However, most producers have been able to secure a discount for non-usage of 75% of the premium value requiring the insured to pay only a minimum amount extra on an annual basis.

PM-31  
(Rev. 1/95)

SERVICE DATE  
July 03, 2000

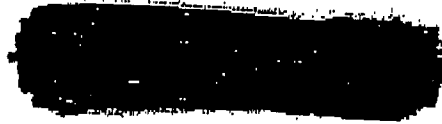
DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

PERMIT

MC 

*SAMPLE*

*any*



This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to 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). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Terry Shelton, Acting Director  
Office Data Analysis & Information Systems

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.



## Insurance Information

### Minimum Insurance Requirements

#### Liability:

**\$1,000,000 CSL.** List as Additional Insured endorsement(s) for both Challenger Leasing Inc.(CHLI) and Challenger Trucking Inc.(CHTI)

#### Cargo:

\$100,000 min ded. \$1,000.00

\*\* Reefer breakdown endorsement – max ded. \$2,500.00

\*\* Perishable commodities endorsement

\*\* Additional Insured or Loss Payee endorsement. Listing CHLI & CHTI.

\*\* Agent must certify to the absence of lock truck/vehicle endorsements.

#### Trailer Interchange/ or Unidentified Trailer:

Required only when leasing a trailer from CHLI \$50,000.00 max ded. \$1,000.00

This coverage is in addition to the required physical damage coverage on the scheduled trailer. Lessee may be asked to drop the scheduled trailer and hook onto an unidentified unit. This will be for short periods of time. However the unidentified trailer must be covered when this occurs. CHLI & CHTI realize that the insured will be required to purchase additional coverage. However, most producers have been able to secure a discount for non-usage of 75% of the premium value requiring the insured to pay only a minimum amount extra on an annual basis. CHLI will not be able to lease a trailer to a motor carrier unless that motor carrier has both the scheduled physicals damage coverage and the trailer interchange or unidentified coverage.

#### General Information:

\*\* No coverage accepted for carriers that are not domiciled in the USA.

\*\* Non – admitted carriers are not acceptable if they are a B or less rated.

\*\* All certificates issued must list any and all restricting endorsements

\*\* Radius of operation – 11 Western States.

Should a motor carrier so endorse its policy and a non-coverable loss occur, the motor carrier would be responsible for any and all claims that are not covered by the issuing insurance carrier.



# **TAG/AMS, Inc.**

EMPLOYEE DRUG TESTING CONSORTIUM

10572 Chestnut Street

Los Alamitos, CA 90720

Tel (562) 280-0177

Fax (562) 280-0220

November 9, 2006

SAMPLE ONLY

Re: DQT Antidrug/Alcohol Testing Program  
49 CFR Part 40 and 382

To Whom It May Concern:

The following company is enrolled in a Random Drug & Alcohol testing program with the TAG/AMS Inc Employee Drug Testing Consortium with an Agreement with us thru November 1<sup>st</sup> 2007.

SAMPLE TRUCKING

[REDACTED]  
Concord, CA 94518

TEL: [REDACTED]

FAX: [REDACTED]

The TRUCKING employees have been pre-employment tested and provided training prior to being placed in a safety sensitive position. They are part of a random testing program as well as reasonable cause, post accident and follow-up testing.

Please contact me if you have any questions or need additional information.

Sincerely,



Rick Denver  
President

DRUG TESTING CONSORTIUM PROOF  
SAMPLE ONLY

=====

**Does this mean that you will have to enroll owner-operators or commercial drivers in your alcohol and drug testing program before they provide transportation services for you?**

No. You only need to enroll your own employees in a CSAT program. Owner-operators who are enrolled in the Motor Carrier of Property Permit program are also motor carriers and should be complying with current laws that require them to be enrolled in a CSAT program. However, you will need to verify that they are enrolled in a drug and alcohol testing program and that they have not had any positive test results before putting them on the road. You will also need to have documented proof of their compliance in your files for your BIT inspection.

**Can you be held legally liable for commercial drivers and owner-operators when you engage them to provide transportation services for you?**

Yes. Effective January 1, 2002, you can be held legally liable for a commercial driver or owner-operator, if they have performed transportation services under your "direction and control" as follows:

- For a minimum of 60 days within the past 90 days.
- And have been on duty for no less than 36 hours within any week in which transportation services were provided.

**Can this new law affect your Motor Carrier Permit?**

Most motor carriers will not be affected, as they are already in compliance with requirements to enroll in a drug and alcohol testing program and currently maintain documentation for CHP.

However, your permit can be suspended for willful failure to enroll in a drug and alcohol testing program, for a minimum of five days on the first offense and up to one-year for a third offense which occurs within 36 months of the first offense.

Additionally, failure to make copies of testing results and other required documents available upon the request of CHP would be considered a non-serious violation. This can also result in the suspension of your permit; the length of the suspension would be determined by CHP.

Information on this bill and other legislation can be obtained by logging onto the Internet at: [www.leginfo.ca.gov](http://www.leginfo.ca.gov)

Title 49 of the Federal Code of Regulations, Sections 382.101, 392.5 (a) (1), 392.5 (a) (3), and 390, provides information regarding drug testing and employment background investigations. You can view Title 49 by visiting the CHP website at: [www.chp.ca.gov](http://www.chp.ca.gov)

If you have any questions or suggestions on how we might implement this legislation, we would be interested in hearing from you. Your input is important to us.

Send your responses to:  
Department of Motor Vehicles  
Motor Carrier Permit Branch  
P.O. Box 932370 MS H825  
Sacramento, CA 94232-3700  
Phone (916) 657-1760

*From the staff in the MCP Branch, to all of you on our roads and highways, we wish you a "Happy and Safe Holiday Season"!*

