

**Trucking Renewal Application** 

Legal Com	bany Name:										
Owners - N	lame:	Address:_									
Phone Nun	nber: Emai	l:		DOB			icense #		_State		
	state Filing Required?	□ No	State Filings: Year Business Started:								
Any Inter	modal / UIIA shipments?	□ No	# Years current ownership been in place? Years								
Any Hazm	nat shipments?		⊐ No	ELD Provider:							
Any polici				Auto Liability Limit:   \$1,000,000   \$7					750,000		
General L	iability Requested:	⊐ No	Cargo	Limit:							
Trailer int				If yes, Limit:							
Check all that are hauled:  Double trailers  Triple Trailers  Oversized Loads  Overweight Loads  None											
Pre-hire screening:  Written Test  Drug Test  References  Road test  Physicals  MVR check  None									□ None		
Security used:  Generation Cameras  Generation Lights  Fence  King Pin Locks  Generation Barcode Scanner  Generation GPS  Alarm  ELD  None											
								_%			
2023-24	Mileage:	Revenue:	Average # Units:			# Owner Operators:					
2022-23	Mileage:	Revenue:	Average # Units:			# Owner Operators:					
2021-22	Mileage: Revenue:			Average # Units: # Owner Operators:							
2020-21	Mileage:	Revenue:	Average # Units:			# Owner Operators:					
2019-20	Mileage:	Revenue:	Aver	age # Units:		# Owner Operators:					
2018-19	Mileage:	leage: Revenue:			age # Units:		# Owner Op	Owner Operators:			
Specific C	Commodities Hauled (Do I	Aver	Average Value Maximu			num Value  % of Total Hauls					
		\$	\$			%					
				\$		\$			%		
		\$	\$				%				

## **Renewal Checklist:**

## 1. Last 4 quarters of IFTA's

2. Current Motor Vehicle Reports (MVR's) for each of your drivers

## 3. \*Excel\* Spreadsheet for Equipment & Drivers List (if not available complete below)

	Year	Make	Model		Vin#			Value			wned?	Ve	ehicle Type	GVW	Garaging
										Y	es / No	۲ /	railer Type	(lbs)	Zip Code
1.								\$							
2.								\$							
3.								\$							
4.								\$							
5.								\$							
6.								\$							
7.								\$							
8.								\$							
9.								\$							
10.								\$							
	Driver Name		Lice	ense # State		D	DB Year		rs	Hire		Prior Employer		CDL Issue	
								Exp.		Date	DOT# .		,	Date	
1.															
2.															
3.															
4.															
5.															
6.															
7.															