Welcome to the Application Process!

Thank you for your interest in joining our team. Before proceeding, please ensure you have read and understood all the instructions carefully to complete your application accurately.

Instructions:

Complete All Sections: Fill out each section of the application form thoroughly.

Personal Information: Provide your full legal name, contact details, and any other personal information requested.

Employment History: List your previous employment experiences, particularly those relevant to truck driving. Be sure to include the names of the companies, your job titles, and the dates of employment.

Qualifications: Detail your driving qualifications, including any commercial driving licenses, certifications, and training courses completed.

Signature: Ensure you sign and date the application form. By signing, you confirm that the information provided is accurate and complete to the best of your knowledge.

Do You Have Any Questions?

If you have any questions about the application process or require assistance with completing the application form, please do not hesitate to contact us. Our team is here to help and ensure you have all the information needed to complete your application successfully.

Reminder:

Double-check that you have filled out every part of the application.

Ensure that all the information is accurate and true.

Sign and date the application form before submission.

If you have already filled out the first five pages of the application, you may skip those pages.

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www.shlogisticsllc.com

SH Logistics LLC dba Transport

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Fax: 866 - 231 - 1349
Email: dispatch@shlogisticsllc.com

3901 Pearl Road Medina, OH 44256

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) abd (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers out re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and You cannot agree on the accuracy of the information.

Signature_____ Date _____

FOR COMPANY USE

PROCESS RECORD

Applicant Hired_____ Rejected_____

Date Employed_____ Point Employed _____

Department_____ Classification _____

Substance Abuse Testing
Applicants extended offers for contractor or employee will be required to successfully pass a drug screen examination

Job(s) Applying for

Experience Level

How many moving violations Last 5 years

Can You provide driving record

IF NO REASON

Drivers personal information

First Name

Middle Initial

Birth date

Last Name

CONTACT PH #

Social Security#

E-MAIL

Driver's License & CDL Information

DL #

State

Expires

CDL Holder

CDL Endorsement

Hazmat	Doubles	Triples	Tankers

Driver Address Last 10 Years

Current Address

Street Address

City State Zip

County How long at this address

Previous Address 1

Street Address

City State Zip

County How long at this address

Previous Address 2

Street Address

City State Zip

County How long at this address

Previous Address 3

Street Address

City State Zip

County How long at this address

Have you ever applied for work and/or worked for this company before?

If Yes, when

Are you able to perform the essential function and duties of job as contained in the job description with reasonable accommodation

Have you ever been denied a license, permit or privilege to operate a motor vehicle

If Yes, then when and why?

Has your license, permit or privilege ever been suspended or revoked ? If Yes, then when and why?

Have you ever been stopped while intoxicated If Yes, then when ?

Have you ever used any illegal drugs (including marijuana)? If Yes, When was the last tim If Yes, then when?

Have You ever been convicted for possession, sale or use of narcotic drug, amphetamine or derivate thereof

Comments:

Do You have any traffic conviction in last 5 years ? If YES how many

Comments:

Have you ever been convicted of a criminal offense?

Comments:

Do you currently have any criminal actions pending in which you are a defendant

Are you currently on probation or parole ? If Yes explain:

If hired, can you present evidence of your U.S Citizenship or proof of your legal right to live and work in this country

Please complete the driving experience information below:

Have you had licenses in other states in last 5 yrs?

State	License Type	License Number

List all States in witch you have operate a Class A motor vehicle in past 5 years

Class of Equipment	**Type of Equipment: Van Tank, Flat, etc.**	**From: (MM/DD?YYYY)**	**To: (MM/DD?YYYY)**	**Approx.NO of miles TOTAL**
Straight Truck				
Tractor Trailer				
Tractor and two trailers				
Other				

How many accidents have you had in the last five years

How many traffic convictions have you had in the last five years

List all accidents and convictions in the last 5 years

Date	Type of vehicle	Nature of accident	Indicate Prevented yes/no	Fatalities	Injuries

Work History (Past 5 years)

Current or most recent Employer

Company Name From To

May we contact this employer

Street Address

City State ZIP

Phone Supervisor's Name

Position Type of Equip.Driven

Reason for leaving:

Second Prior Employer

Company Name | From | To

May we contact this employer

Street Address

City | State | ZIP

Phone | Supervisor's Name

Position | Type of Equip.Driven

Reason for leaving:

Company Name | From | To

May we contact this employer

Street Address

City | State | ZIP

Phone | Supervisor's Name

Position | Type of Equip.Driven

Reason for leaving:

Company Name | From | To

May we contact this employer

Street Address

City | State | ZIP

Phone | Supervisor's Name

Position | Type of Equip.Driven

Reason for leaving:

What is highest grade you've completed?

High school

Name	Graduate	Degree	Major/Minor

College

Name	Graduate	Degree	Major/Minor

Graduate School

Name	Graduate	Degree	Major/Minor

Technical/Trade School/Truck Driving School

Name	Graduate	Degree	Major/Minor

Have You Served in the US Armed Forces

Branch	Dates Served From	Dates Served To:

Please Read Carefully and Sign Below

I acknowledge that contract with the SH Logistics, LLC dba SH Transport is contingent upon successful results of a reference and background check. Any subsequent offer of contract may also be contingent upon successful completion of a medical examination by the Agency's medical professions. Therefore, I hereby authorize:

The Agency to (1) Investigate the truthfulness of all statements made on this application;(2) Contact employer(s) or any other person(s) who can verify information: (3) Discuss the results of any investigation with other employees of the Agency Involved in the hiring process, in addition, I give my consent for all persons including former employers to provide information concerning this application, and I release each person from liability for providing information to the Agency.

I understand by signing this application for contract, I declare the statements set forth above to be true and complete. I understand that false statements herein or failure to disclose information may be sufficient cause to disqualify me from employment or, if employed by the Agency, may be considered sufficient dismissal.

I further understand that just as I am free to resign at any time, The Agency reserves the right to terminate my employment at any time, with or with out cause and without prior notice. Unless my employment is subject to the terms of a collective bargaining agreement. I understand that no representative of the Agency has the the authority to make any assurances to the contrary.

Applicant Signature _____ **Date** _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature Date _____

ACKNOWLEDGEMENT

I give SH Logistics LLC, (the Company) the right to investigate all references and to secure additional information about me, if Job related. I release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. A copy of this page serves as my authorization to seek/provide this information. I agree to sign all documents and consent forms which the Company deems necessary to verify the facts provided in this application. I give my consent and release from liability the Company and its representative, to respond to any inquiries made about me as part of a reference check by any subsequent or potential employer.

From time to time the Company may find it necessary to conduct investigations. If it does, employees are expected to truthfully participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employees to disciplinary action, which may include termination of employment.

I realize as a condition of employment I will be required to undergo a post offer/pre-employment medical examination and substance abuse screening test at the expense of and as prescribed by the Company, and that any offer of employment is conditioned upon the successful completion of these tests. I agree to furnish such additional information and undergo any other examinations or test to complete the employment file, or to continue my employment with the Company, if employed. These tests may include, but are not necessarily limited to random, for cause, reasonable suspicion or post-accident alcohol and substance abuse screening tests. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

I understand that any offer of employment is contingent upon my ability to produce documentation

verifying my Identity and legal authorization to be emp1oyed, as required by the Immigration Reform & Control Act of 1986 (IRCA).

This application is active for sixty (60) days from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier. Subsequent to the preceding consideration period, I must submit a new application to be considered for this, or any other position.

I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. Further, I understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship to be an at-will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the President of the Company.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this or formal application. I further agree, in the event that I am offered employment by the company, as a condition to that employment, all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State

investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution either oral or written.

I have read carefully the above information, understand and accept the contents thereof. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge

Applicant Signature_____Date_____

SH Logistics LLC dba SH Transport

Company Policies

SH Logistics LLC dba SH Transport

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and
2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
3) **COL DOMICILE REQUIR EMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your COL within 30 days.

The following license is the only one I possess:

Driver's License No._____ State_____Exp Date_____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name(Printed):_____

Driver's Signature:_____ Date:_____

Notes:_____

(This form is not required for DOT compliance.) 90-F 1617

SH Logistics LLC dba SH Transport

COMPANY POLICY ON DISHONESTY

Any driver who commits an act of dishonesty while in the scope of employment shall, without recourse, be immediately terminated, and shall not be eligible for rehire. Acts of dishonesty shall include, but not be limited to the following:

- Theft of company equipment.
- Criminal conversion of company property.
- Illegal use or possession of drugs or controlled substances on company property or while operating a commercial motor vehicle
- Operation of a motor vehicle while under the influence of any non-prescribed drug or controlled substance, or use of any prescribed drug or controlled substance that might affect the safe operation of a commercial motor vehicle
- Operating a vehicle under the influence of drugs or alcohol.
- Making false statements or statements that are materially incorrect with the intent of misleading the company regarding any action that might jeopardize the well-being of the company.
- Any act of violence against an employee, customer, or any member of the general public while acting as a representative of this company.
- Any act of a malicious or destructive nature that affects the well-being of the company or its employees.
- Conviction of a felony while in the scope of employment.
- Any other intentional act that adversely affects the safety or wellbeing of the company or the motoring public or that places the property of the company or any other person at risk

The above rules shall apply to all employees, independent contractors, and representatives of this company.

Signature:_____ Date:_____

COMPANY POLICY ON DRUGS AND ALCOHOL

The company shall provide educational materials that explain the requirements of this policy and the employer's policies and procedures with respect to meeting these requirements.

Pre-hire drug testing: Before using a driver to operate a commercial motor vehicle, the company must obtain a pre-hire drug test. The company must be notified by the testing facility that the test is negative before using the driver for the first time.

Random Testing: All companies are required to establish a random testing program for drugs and alcohol. This program must be designed to test the equivalent of 50% of the fleet for drugs and 10% of the fleet for alcohol during the course of the calendar year. Selection must be random, and it is suggested that driver selection be done through a computer program or membership in a drug testing consortium that will do the selection and notification independently. When notified that they have been selected for the test, a driver must report for the drug test immediately upon notification. Notification that a driver has been selected for a drug test can be done at any time. Alcohol testing notification must be done while the driver is performing a safety sensitive function.

Reasonable suspicion Testing: If a company official has reason to believe that a driver is exhibiting the signs or symptoms of drug or alcohol usage, he must require the driver to submit to the appropriate testing. This suspicion must be based on the driver's appearance, actions, or on the odor of alcohol, marijuana, or other controlled substances. The supervisor must have received appropriate training on drug/alcohol use recognition as outlined by the federal regulations.

The company shall ensure that all persons designated to supervise drivers receive at least 60 minutes of training on alcohol misuse and receive at least an additional 60 minutes of training on controlled substances use. The training will be used by the supervisors to determine whether reasonable suspicion exists to require a driver to undergo testing under §382.307. The training shall include the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances. Recurrent training for supervisory personnel is not required.

Post-accident testing: Any driver who is involved in a qualifying accident must drug test within 32 hours and alcohol test within 2 hours. If for some reason the

alcohol test cannot be administered within the required time, the driver shall continue to attempt to obtain an alcohol test for another 6 hours. If at the end of 8 hours the driver still has not alcohol test, efforts to do so shall cease. The company must document why the test was not administered at each 2 hour interval during the 8 hours that the attempt is made. This testing is required under the following conditions:

Fatal: Any driver who is involved in a fatal accident shall comply with the post-accident drug and alcohol testing requirements regardless of fault or any other circumstances. The tests shall be conducted in the time spans outlined above.

Personal Injury: In the event of an accident that results in personal injury to any party, the driver must comply with the drug and alcohol testing requirements if he receives a citation as a result of the accident and the injured person requires treatment away from the scene of the accident. Both provisions must be present before the drug/alcohol testing is required. If either provision is not present, the driver does not have to drug/alcohol test. If testing is required, the time requirements are the same as they are for fatal accidents.

Property Damage: If property damage that requires any vehicle to be towed for reasons other than tires, the driver must drug/alcohol test if he receives a citation as a result of the accident. Again, if the vehicles do not need to be towed, or if the driver does not receive a citation, drug testing is not required. Both provisions must be met before drug testing is required. Time limitations for the required testing are the same as those listed for fatal accidents.

Return to duty testing: If a driver is found to have violated the drug/alcohol regulations, that driver must submit to another drug test before returning to work. The drug test must specifically target the drug that the driver tested positive for on the previous test.

Follow-up testing: If a driver has tested positive for drugs/alcohol and has been through rehabilitation, the employing company must drug/alcohol test the driver at least 6 times during the first 12 months of employment. These tests must be conducted while the driver is in a safety sensitive position and must be unannounced.

Protection for Drivers: In order to protect the rights of the drivers being tested, and to insure that a driver is not adversely affected by a false positive test, the following protective procedures are required:

Split sample: All urine samples are required to be split into two samples. In the event that one sample tests positive and the driver feels that the positive test is in error, he may request that a second evaluation be made. At this time, the 2ND sample is sent to another lab and another drug screen is performed. If this screen shows that the sample is negative, the results of the first test are cancelled.

NIDA Lab: All tests are required to be performed at NIDA approved labs. This means that the lab must meet certain criteria for quality control and must have the ability to do an analytical evaluation of the sample if the initial screen shows positive.

Thresholds: Minimum thresholds for controlled substances have been established so that casual contact with a controlled substance does not affect the driver's qualification. These thresholds are designed to eliminate the possibility of anyone being found positive for drugs such as marijuana simply because someone was using them around the person being tested. Any test that finds the presence of such drugs shall be considered negative if the amount of the substance in the driver's system falls below the threshold that has been established for that substance.

MRO: A medical review officer (MRO) shall be established and shall review the results of all drug tests. Positive tests will result in the MRO contacting the individual who provided the sample and allowing him to explain the positive test. If the individual can satisfactorily explain the result, (As in a failure to report a prescription that they are taking) the MRO will notify the company that the test is negative. A failure to satisfactorily explain a positive test will result in the driver being disqualified.

Prohibited practices: The following practices are prohibited by the federal regulations:

Alcohol Concentration: No driver may report for duty or perform any safety sensitive functions with a blood alcohol level of .04 or greater. No company may allow a driver who has a blood alcohol level of .04 or greater to engage in any safety sensitive function.

On-duty use: No driver may use alcohol while performing safety sensitive functions. No company shall allow a driver to continue performing safety sensitive functions if they are aware that he has been using alcohol.

Pre-duty use: No driver shall use alcohol within 4 hours of performing a safety sensitive function. No company shall allow a driver to perform a safety sensitive function if they know that he has used alcoholic substances within the previous 4 hours.

Post-accident use: No driver shall use alcohol for 8 hours after an accident or until he has submitted to an alcohol test, whichever comes first.

Controlled substance use: No driver may perform any safety sensitive functions if he uses controlled substances unless such substances were prescribed by his physician and do not affect his ability to safely operate a vehicle. If a company is aware that a driver uses controlled substances, they may not use that driver.

Refusal to submit to required alcohol or controlled substance testing: No driver may refuse to submit to any of the required controlled substance or alcohol testing that is required under the federal regulations. No company may use a driver who has refused to submit to such testing.

Medical release form: All drivers/owner operators must provide prospective employers with a medical release form that allows them to make enquiries to all past employers that the driver has had in the past 2 years. Such enquiries shall be limited to any information regarding positive drug or alcohol tests that the driver may have had during that time. A company has 14 days to make the appropriate enquiries. If they do not do so, the driver is disqualified from further employment with that company.

Positive tests: Drivers who test positive for controlled substances or alcohol are immediately disqualified from performing any safety sensitive functions and may not be used in any such position by any employer until such time as they can show proof that they have been successfully treated by a qualified rehabilitation service. Certification by a drug rehabilitation expert that the positive test was a unique situation and that the driver does not need to enter a rehab program is also acceptable.

Drivers who have tested positive for drugs or alcohol must also take another test that specifically looks for the drug that they were positive for on the previous test. The second test must be negative before they can be certified to perform any safety sensitive functions. Once employed, they must submit to a minimum of 6 random tests for the same substance during the first 12 months of employment.

Signature:_____ Date: _____

COMPANY POLICY ON HAND-HELD COMMUNICATIONS DEVICES
Cell Phone Policy

The Federal Motor Carrier Safety Administration has implemented a strict policy that prohibits the use of hand held communications devices. In response to this regulation, our company is implementing the following company policies:

Cell phone use while operating a company vehicle is expressly prohibited. This prohibition includes the use of the following:

Cell Phones

PDA's

Texting

Qualcomm or similar devices

If you are required to make or receive a call, find a safe location (not the shoulder of the highway) and park your vehicle before using a communication device.

If you receive an incoming call while driving, allow it go to voice mail and, if necessary, respond after finding a safe place to stop your vehicle.

Although not prohibited by federal regulation, the company believes that blue-tooth devices create a distraction for the driver and is therefore prohibiting the use of such devices while driving.

If making an emergency call to 911 or other authorities, find a safe location to park your vehicle prior to using the phone.

Our company is dedicated to both compliance with state and federal laws and is committed to operating safely. Distracted driving represents an unacceptable risk to the public. Drivers who violate the rules governing hand-held communication devices shall be subject to disciplinary action up to and including termination.

I have received and read the above policy on hand held communication devices and agree to comply with it.

Signed_____ Dated_____

COMPANY POLICY ON PROBATION AND TERMINATION

All drivers, contractors and/or owner operators shall be subject to the following company policies. These policies will govern the disciplinary procedures for the offenses listed. If a situation arises that is not covered by these policies, it shall be dealt with in the manner deemed most appropriate by the company management. The term "employment" for driver's contractors and owner operators shall fall within the definition of employment found in the FMCSA.

Probationary Period

All drivers hired by SH Logistics; LLC dba SH Transport must go through a probationary period for not less than 90 days. Any infraction of company policies during this probationary period will be considered grounds for dismissal and until the probationary period is completed, the driver will not be considered a permanent hire. No raises will be awarded until the driver has completed the probationary period.

The following offenses shall result in immediate termination of employment or contract.

- Operation of company equipment while under the influence of drugs or alcohol.
- Conviction of any drug related offense.
- Conviction for DWI, DUI, reckless driving or leaving the scene of an accident,
- Conviction of a felony during the term of employment with the company
- Acts of dishonesty
- Theft of cargo, company equipment, fuel, or supplies
- Acts of violence against any company employee, customer, or any other person while in the scope of employment
- Desertion of a load or refusal to deliver a load that has been assigned
- Two preventable collisions within any 3-year period
- More than 4 moving violations within any 3-year period
- Vandalism of company property
- providing false information on employment application

The following offenses shall result in disciplinary actions up to and including termination.

- Refusal of dispatch (For Contractor drivers and drivers only)

- ❖Unexcused late delivery
- ❖Failure to make daily check calls
- ❖Failure to turn in accurate logs
- ❖Insubordination
- ❖Excessive moving violations (Less than 4)
- ❖Preventable collision
- ❖Customer complaints
- ❖Unsafe operation
- ❖Running out of route (For Contractor drivers and drivers only)
- ❖ Failure to complete or turn in paperwork (For Contractor drivers and drivers only)
- ❖ Vehicle abuse (For Contractor drivers and drivers only)
- ❖ Failure to maintain or inspect vehicle resulting in out of service write-ups during roadside inspections
- ❖ Log falsification
- ❖ coming on company property while under the influence of drugs or alcohol
- ❖ Sexual harassment

Any issues not specifically covered by this policy shall be reviewed on an individual basis and dealt with in the manner deemed appropriate by management.

SH Logistics LLC dba SH Transport

Signature: _____ Date: _____

HOURS of SERVICE and DRIVER's DAILY LOG

All drivers are expected to operate within the laws set forth by the DOT. A brief explanation of those laws is set forth below.

14 Hour Rule: This rule requires drivers to take a 10-hour break (Reset) after their 14 hours of on duty and/or 11 hours of driving. The 14-hour period begins again once the driver ends the 10-hour break by continuing on 4, on duty, or line 3, driving.

11 Hour Rule: Within the 14 hours allowed to the driver, only 11 of those hours may be spent on line 3, driving. Once the driver has had 11 hours of driving time, driver must take a 10-hour break before driving again, even if they have time left in their 14-hour period.

70 Hour Rule: This rule states that once you have been working for 70 hours in any 8- day period, you may not drive. In order to comply with this regulation, you need to keep track of your hours. Each day, before you begin driving, you need to add up your total hours on lines 3 and 4 for the past 7 days and subtract the answer from 70. Whatever is left is what you can drive that day still following the 14 hour and 11-hour rule. The 70 hours of accumulated time may be eliminated by taking 34 consecutive hours off duty. If the driver has 34 consecutive hours off, their 70-hour total is reduced to 0 and he begins the cycle again.

10 Hour Break: Breaks must be taken in the sleeper berth or off duty. If sleeping in a sleeper berth equipped truck, the time should be logged on line 2, Sleeper berth. Off duty time spent outside of the sleeper should be logged on line 1, Off Duty.

If the 10-hour break is uninterrupted by any on duty or driving time, you may combine line 1 and line 2 to achieve your 10 hours. In a moving property-carrying CMV, drivers may log up to 2 hours in passenger seat immediately before or after 8 consecutive hours in sleeper-berth as off duty.

Drivers using the split sleeper berth provision must take at least 8 consecutive hours in the sleeper berth, plus a separate 2 consecutive hours either in the sleeper berth, off duty, or any combination of the two.

30 Minute Break: FMCSA did not specify when drivers must take the 30-minute break, but the rule requires that they wait no longer than 8 hours after the last off-duty or sleeper-berth period of that length or longer to take the break. Drivers who already take shorter breaks during the work day could comply with the rule by taking one of the shorter breaks and extending it to 30 minutes.

Speed: DOT requires that all trucks abide by the speed limits of the states that they are operating in. They also state that in their opinion, if a truck obeys the law, it cannot average more than 5mph less than the speed limit. In the case of 2 lane highways with a 55mph speed limit, DOT believes that the maximum that a truck can average is 45mph. Be sure that your average speeds for the trip do not exceed these maximums.

On Duty Time: All fuel stops, DOT inspections, random drug tests, time spent loading/unloading, breakdowns (until driver is released by the company or truck is released to repair shop on road or in shop), vehicle inspections, and accidents must be logged **on duty not driving.** Loading and unloading time should reflect only the time that is spent actually working. Time spent waiting, etc., may be logged off duty or in the sleeper berth.

Effective 2/27/2012, on duty time does not include any time resting in a parked vehicle. In a moving property-carrying CMV, does not include up to 2 hours in passenger seat immediately before or after 8 consecutive hours in sleeper-berth.

Timely submission: Electronic Logs should be turned in as soon after completion as possible. All logs should be turned in daily or at the end of every shift. If ELD is not operational you have to submit logs daily via SMS Pictures and paper copy weekly with your load documents or as soon as ELD is operational.

Falsification: Logs must match all timed and dated documents including fuel stops, road side inspections, toll tickets, Kat Scale tickets, and freight bills. Mileage must be at least the miles listed by PC Miler or Household movers guide. Point to point miles should match as well as total miles for the trip.

Egregious violation: Driving (or allowing a driver to drive) 3 or more hours beyond the driving-time limit may be considered an egregious violation and subject to the maximum civil penalties.

The ELD Rule applies to most motor carriers and drivers who are currently required to maintain records of duty status (RODS). Before Dec. 18, 2017: drivers can use ELDs voluntarily (or as required by operators) – or continue using paper logs, devices installed with logging software and applications, or AOBRDs Dec. 18, 2017 – Dec. 16, 2019, drivers must use ELDs unless they use AOBRDs installed before Dec. 18, 2017 After Dec. 16, 2019 – all drivers must use ELDs. Learn to use your ELD by completing user training provided by SH Logistics and/or the ELD vendor Read the ELD user's guide and other documents Know how to:

- Log in
- Respond to unassigned driving hours the ELD records

- Record duty status changes
- Edit records
- Add notes to records to explain any edits or additions
- Certify records – to indicate that they are complete and accurate
- Access RODS data from the ELD
- Review and understand the ELD printout/display information
- Transfer ELD data by email or Blue Tooth to inspectors or law enforcement
- Identify and correct or report data diagnostic issues
- Report ELD malfunctions

Keep ELD user instructions/manual and supplies in your vehicle

- ELD User's Manual
- Instruction sheet for transferring HOS records to safety officials
- Instruction sheet on reporting ELD malfunctions & recordkeeping procedures during ELD malfunctions
- A supply of paper tracking forms (grid graphs) for at least 8 days, in case of ELD malfunction

Training materials are found in our employee manual, which will be given to every driver at the beginning of employment. It will also be found on our company website at www.shlogisticsllc.com. A Physical copy can also be requested at any of our locations. Drivers may request a manual anywhere to be mailed to them in case they lose their manual or it gets damaged.

SH Logistics LLC dba SH Transport

Hours-Of-Service (HOS) Regulations Violations

Violations of the Hours-of-Service Regulations include all violations of Part 395 of the Federal Motor Carrier Safety Regulations.

Act	***Discipline***
First Offense of Hours-of-Service Regulations	Verbal Warning Letter
Second Offense of Hours-of-Service Regulations within 12 Month Period	Written Warning
Third Offense of Hours-of-Service Warranted Regulations within 12-month period	Suspension/Termination

SH Logistics LLC dba SH Transport

Signature: _____ Date:_____

SH Logistics, LLC

Discrimination, Harassment & Violence policy

Discrimination

SH Logistics, LLC has a legal obligation to provide equal employment to all regardless of race, color, religion, age, national origin, gender, sexual orientation or disability. The SH Logistics, LLC dba SH Transport intends that all matters related to recruiting, training, compensation, benefits, promotions, transfers and other conditions of employment are free of illegally discriminatory practices.

Harassment

SH Logistics, LLC strives to provide a work environment free of harassment. Harassment is defined as unwelcome or unsolicited verbal, physical or sexual conduct which is made a condition of employment, is used as a basis for employment decisions or creates an intimidating, hostile or offensive workplace. Examples of harassment, depending upon the circumstances, are:

Verbal harassment -- derogatory or vulgar comments regarding a person's race, gender, religion, ethnic heritage, physical appearance, age, disability, or sexual orientation, distribution of written or graphic material having such effects.

Physical harassment -- hitting, pushing or other aggressive physical conduct, or threats to take such action.

Sexual harassment -- unwelcome or unsolicited sexual advances, demands for sexual favors or other verbal or physical conduct of a sexual nature.

Violence

SH Logistics, LLC prohibits violence in the workplace. If you display any violence in the workplace or threaten violence in the workplace, you will be subject to disciplinary action, which may

include immediate termination. Violence is defined to include physically harming another, shoving, pushing, fighting, physically touching in anger, harassment, intimidation, coercion, bringing weapons into any workplace, and threats or talk of violence.

Responsibility

If you feel you have been subjected to any acts of discrimination, harassment or violence, you should inform the Human Resources Department at your earliest opportunity. If you are uncomfortable dealing with Human Resources, you may direct your complaint during normal business hours to Owner of the Company.

I have received a copy of SH Logistics, LLC Discrimination, Harassment and Violence Policy.

SH Logistics LLC dba SH Transport

Signature:_____

Date:_____

Print Name:_____

Drug & Alcohol Misuse Policy

Drug and Alcohol Abuse/Misuse Policy statement is committed to providing a safe work environment and fostering the health and wellbeing of its employees. That commitment is jeopardized when any **SH LOGISTICS, LLC dba SH TRANSPORT** employee, driver contractor, owner operator or anybody conducting any kind of business where SH Logistics, LLC dba SH Transport is part of misuses alcohol or uses illegal drugs. Therefore, the following alcohol misuse/ drug abuse policy applies to all personnel employed or contracted by, both DOT regulated and non-DOT. It is a company policy, not a DOT policy. All employees must read and acknowledge this policy as a condition of employment with this company.

1. It is a violation of company policy for any employee, driver contractor or owner operator to possess, sell, trade, or offer for sale illegal drugs. It is a violation also, for any employee, driver contractor or owner operator to report to work under the influence of drugs or while having illegal drugs present in any of his/her body fluids.
2. It is also a violation of this policy for any employee, driver contractor or owner operator to report to work to work under the influence of prescription drugs that have been used illegally, or in an amount or manner other than prescribed by a physician.
3. All prescription drugs that have been legally prescribed, but which might have an effect on job performance or safety are to be reported to a company official (Safety department). The employee, driver contractor or owner operator may be reassigned to other duties or taken off duty for the duration of the prescription as determined necessary by the Company (Most of time based on doctor's recommendation). Legally prescribed medication which the employee's physician has advised will not affect performance are excluded from this policy.
4. It is a violation of policy to report to duty or to remain on duty at any time under the influence of alcohol (with any content of alcohol). Also, employees, driver contractor or owner operator are not permitted to consume or possess alcohol on their persons, or in their vehicles, while they are on company property or during work hours.

5. All job applicants at this company will undergo testing for the presence of illegal drugs as a condition of employment, driver contractor or owner operator position. Any applicant with a positive test will be denied employment. This company will not discriminate against applicants for employment because of a past history of drug and Alcohol abuse.
6. Therefore, individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of no less than six months if they have completed a treatment program, but they must present themselves drug free.
7. This company has adopted testing procedure to identify individuals using illegal drugs on or off the job who come to work under the influence of alcohol. It shall be a condition of any employment, driver contractor or owner operator position to all employees, driver contractor or owner operator to submit to drug testing and/ or breath alcohol testing under the following circumstances:
   a) When the employer, driver contractor or owner operator has reasonable suspicion to believe that an employee, driver contractor or owner operator is under the influence of drug or alcohol.
   b) When employees, driver contractor or owner operator are injured or when damaged to company property occurs. Also, when any on-the-job accident occurs.
   c) As a part of a follow –up program to treatment for drug abuse.
   d) When randomly chosen from a pool of employees.
8. Refusal to submit to testing when requested by the company by the company, adulterating or attempting to adulterate specimens, falling to provide as specimen without explanation from a physician, refusing to sign chain of custody forms, substituting or diluting specimens, or otherwise failing to co-operate with the testing procedures will have exactly the same consequences as a positive test.
9. The costs of Reasonable Suspicion, Pre-employment, and random tests will be borne by the company. The employee will be responsible to have

a secondary specimen tested, the "split specimen", she/he is responsible for all lab costs. However, if the results on the second test are different from the first, the employee will reimburse these costs to the employee.

10. Employees, driver contractor or owner operator having reasonable suspicion and post- accident test performed must arrange to be driven to and from the collection site (or to have collection personnel come to them). Any employee with positive breath alcohol test agrees to arrange transportation from the testing site, and that she/he will not operate a vehicle until his/her breath alcohol contents is equal to .00, or 24 hours have elapsed. Any employee, driver contractor or owner operator with a positive breath alcohol content may be removed from duty and will be subject to disciplinary action.
11. Any employee, driver contractor or owner operator disciplined for drug use or alcohol misuse must have a subsequent negative test before returning to duty. (Based on company discretion decision will be made to rehire disciplined personnel) Violation of this policy will result in disciplinary action, up to and including termination. Any employee, driver contractor or owner operator disciplined for a drug or alcohol-related occurrence will be strongly urged to seek medical help. However, the employee driver contractor or owner operator may be considered for employment, driver contractor or owner operator position in the future if treatment is completed and she/he presents themselves alcohol and drug-free. As a condition of employment, driver contractor or owner operator position employee's driver contractor or owner operator must abide by the terms of this policy and must notify their supervisors in writing of any conviction of a violation of a criminal drug statue occurring in the workplaces no later than 5 calendar days after such conviction.
12. Adherence to this policy does not guarantee continued or future employment, driver contractor or owner operator positions with this company. Employment, driver contractor or owner operator engagement may be terminated for reasons other than failure to follow this policy.

13. The company reserves the right to amend, interpret, or modify this basic policy as necessary to accomplish our company goals as defined above.

14. I have read and acknowledged the above policy.

SH Logistics LLC dba SH Transport

Signature:_____**Date:** _____

Company Policy on All Company Data Device, Communication Devices, and Electrical Devices

All SH Logistics Dba SH Transport electrical equipment is company issued and therefore can only be used for company operations only. Tampering with any electronic devices within the Truck can result in termination. All Electronics located inside the truck must be used for company purposes only. The use of company electronics for personal tasks can result in termination. If any devices are found to be broken or malfunctioning, it is the responsibility of the driver to notify management at SH Logistics Dba SH Transport. Failure to do so can result in some form of disciplinary action. If driver is suspected of tampering with any electrical devices found in the truck and causes damage or complete malfunction of the device, the driver will be responsible for the damages made.

Signature: _____ **Date:** _____

Company Name _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports Verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413, 391.23 and 391.25 of Federal Motor Carrier Safety Regulations.

SH Logistics LLC dba SH Transport

_____ _____

Applicant's signature Date

_____ _____

Print name Social Security number

HARRASSMENT & FIREARMS POLICY

To: All company personnel

General Conduct:

By the nature of our business, regardless of whether we are providing one day or ten day service or we are picking up load for our customer or for anybody else, we are routinely dealing with members of the general public during stressful times. Day in and out operations, accidents, or any other daily situation can be traumatic that have people upset or on edge. It is our expectation that our employees recognize that this is a stressful time for such individuals and therefore conduct themselves in a courteous, professional manner that minimizes the possibility of confrontation. Failure to do so will result in disciplinary actions up to and including termination of employment.

Improper actions that will lead to such disciplinary actions include:

Any abusive behavior towards a customer or anyone else at the scene
Obscene language, gestures or actions
Sexually suggestive or offensive actions or language
Inappropriate or offensive comments or actions that are directed towards any person's race, sex, nationality, or religion
Threats made to any other person while on duty
Assault of any type
Obscene or harassing messages on any clothing
Carrying or brandishing a firearm or any other weapon
Lying and any other action not expressly covered in the above that may be construed as harassing or threatening by the average person

Regardless of the attitude of the customer, please maintain a courteous manner and refrain from engaging in arguments.
Should a customer threaten violence or attempt to forcibly prevent the loading and/or unloading, immediately vacate the premise and call the company for assistance.

If police presence is required, meet with the responding officer at a neutral location and explain the circumstances. Do not attempt to continue with the loading and/or unloading until the officer has secured the location and you can do so without danger to yourself or others.

No firearms will be carried on vehicles operated by SH Logistics, LLC dba SH Transport drivers.
The carrying or possession of firearms while in the scope of employment is expressly prohibited. This ban includes the possession of a firearm on any company property including all company owned or leased vehicles and applies regardless of possession of legal permits to carry such firearms*.

This policy is designed for the protection of you, the public, and the company. Any person caught with a firearm in violation of this policy will be subject to immediate dismissal.

The company ban on firearms possession only applies to the presence of firearms on company property or vehicles and should in no way be construed as a violation of employee rights under state or federal laws.

*Exception:
Active or reserve law enforcement officers who are required to carry their weapon at all times may, upon notification of company management, carry their duty weapon. However, unless such an officer is wearing his duty uniform, his weapon shall be concealed from public view. At no time shall such a weapon be used for any reason other than in the course of emergency police activities.
Keep in mind that while on duty, you represent our company. Your conduct not only reflects on your professionalism, but it also affects our public image. We know that your job can be stressful, but expect you to act as a professional at all times. Thank you for your cooperation.

Signature: _____ Date: _____

HOURS of SERVICE and DRIVER's DAILY LOG

All drivers are expected to operate within the laws set forth by the DOT. A brief explanation of those laws is set forth below.

*14 Hour Rule: This rule requires drivers to stop after 14 hours of being on duty. Regardless of how the time is spent, the driver must take a 10-hour break at the end of 14 hours. The 14 hour period begins once the driver ends his 10-hour break by making an entry line 4, on duty, or line 3,driving.

*11 Hour Rule: Within the 14 hours allowed to the driver, only 11 of those hours may be spent on line 3, driving. Once the driver has had 11 hours of driving time, he must take a 10-hour break before driving, even if he has time left in his 14-hour period.

*70 Hour Rule: This rule states that once you have been working for 70 hours in any 8- day period, you may not drive. In order to comply with this regulation, you need to keep track of your hours. Each day, before you begin driving, you need to add up your total hours on lines 3 and 4 for the past 7 days and subtract the answer from 70. Whatever is left is what you can drive that day. The 70 hours of accumulated time may be eliminated by taking 34 consecutive hours off duty. If the driver has 34 consecutive hours off, his 70 hour total is reduced to 0 and he begins the cycle again.

10 Hour Break: Breaks must be taken in the sleeper berth or off duty. If sleeping in a sleeper berth equipped truck, the time should be logged on line 2, Sleeper berth. Off duty time spent outside of the sleeper should be logged on line 1, Off Duty.

If the 10 hour break is uninterrupted by any on duty or driving time, you may combine line 1 and line 2 to achieve your 10 hours. In a moving property-carrying CMV, drivers may log up to 2 hours in passenger seat immediately before or after 8 consecutive hours in sleeper-berth as off duty.

Drivers using the split sleeper berth provision must take at least 8 consecutive hours in the sleeper berth, plus a separate 2 consecutive hours either in the sleeper berth, off duty, or any combination of the two.

Speed: DOT requires that all trucks abide by the speed limits of the states that they are operating in. They also state that in their opinion, if a truck obeys the law, it cannot average more than 5mph less than the speed limit. In the case of 2 lane highways with a 55mph speed limit, DOT believes that the maximum that a truck can average is 45mph. Be sure that your average speeds for the trip do not exceed these maximums.

On Duty Time: All fuel stops, DOT inspections, random drug tests, time spent loading/unloading, breakdowns, vehicle inspections, and accidents must be logged **on duty not driving.** Loading and unloading time should reflect only the time that is spent actually working. Time spent waiting, etc., may be logged off duty or in the sleeper berth.

Effective 2/27/2012, on duty time does not include any time resting in a parked vehicle. In a moving property-carrying CMV, does not include up to 2 hours in passenger seat immediately before or after 8 consecutive hours in sleeper-berth.

Timely submission: Logs should be turned in as soon after completion as possible. Ideally, all logs should be turned in daily or at the end of every shift. At the very most, DOT requires that the logs be turned in not more than 13 days from the date of completion. If ELD is not operational you have to submit logs weekly or as soon as ELD is operational.

Falsification: Logs must match all timed and dated documents including fuel stops, road side inspections, toll tickets, Kat Scale tickets, and freight bills. Mileage must be at least the miles listed by PC Miler or Household movers guide. Point to point miles should match as well as total miles for the trip.

Egregious violation: Driving (or allowing a driver to drive) 3 or more hours beyond the driving-time limit may be considered an egregious violation and subject to the maximum civil penalties.

Hours-Of-Service (HOS) Regulations Violations

Violations of the Hours-of-Service Regulations include all violations of Part 395 of the Federal Motor Carrier Safety Regulations.

Act	***Discipline***
First Offense of Hours of Service Letter Regulations	Written Warning
Second Offense of Hours-of-Service Regulations within 12 Month Period	Suspension of Driving
Third Offense of Hours-of-Service Warranted Regulations within 12 Month Period	Up To Termination

SH Logistics LLC dba SH Transport

Signature: _____ Date: _____

POLICY STATEMENT OF CARRYING PASSENGERS

PASSENGERS

Unless specifically authorized in writing to do so by the carrier, no driver shall transport any person or permit any person to be transported in any company commercial motor vehicle. No written authorization, however, shall be necessary for the transportation of...

1. Employees or other persons assigned to a commercial motor vehicle by the carrier.

SH Logistics LLC dba SH Transport

I hereby acknowledge that I have read this policy and am aware of its content and meaning.

Driver's signature	Date	Witness signature	Date

Print Name:_____

SH Logistics, LLC dba SH Transport
Please Read Carefully and Sign Below

Regulation 391.23 Investigation and inquiries

a) Each motor carrier shall make the following investigation and inquiries with respect to each driver it employs, other than a person who has been regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:
   1) An inquiry into the driver's driving record during the preceding 5 years to the appropriate agency of every state in which the driver held a motor vehicle operator's license or permit during those 5 years: and
   2) An investigation of the driver's employment record during the preceding 5 years.

b) The inquiry to State agencies must be made within 30 days of the driver's employment begins and shall be made in the form and manner those agencies prescribe. A copy of the response by each State agency, showing the driver's driving record or carrier's files as part of the driver's qualification file.

c) The investigation of the driver's employment record must be made within 30 days of the date his/her employment begins. The investigation may consist of personal interviews, telephone interviews, letters, or any other method of obtaining information that the carrier deem appropriate. Each motor carrier must make a written record with respect to each past employer who was contacted. The record must include the past employer's name and address, the date he/she was contacted, his/her comments with respect to the driver. The record shall be retained in the motor carrier's files as part of the driver's qualification file.

SH Logistics LLC dba SH Transport

Signature: _____ Date: _____

SH Logistics SH Transport Equipment Liability

I,_____ hereby acknowledge that in accordance to my employment agreement at SH logistics, all equipment assigned to me, which includes and is not limited to:

-The truck assigned _____
-The trailer assigned _____
-The tablet assigned
-The load bars assigned
-The snow chains
-The socks assigned
-Any other piece of equipment that are essential to the job functions described at SH logistics.

_____

_____

Are to be maintained by the standards set at SH logistics. I acknowledge that any damages to the property of SH logistics whether it is intentional, or due to negligence will be charged and deducted from your last settlement, or will be charged and deducted from your current settlement in the time that damages have been revealed.

I,_____ herby acknowledge that in the event of your employment being eliminated due to your resignation, or due to termination enforced by management at SH logistics your last settlement will be held until, all damages (if any) have been revealed and accounted for. Your fuel card and truck key are received by management. The truck and trailer and any other equipment that accompany the truck and trailer have been returned to the yard located in Ohio:

SH Logistics
3901 Pearl Drive
Medina, OH, 44256

If our equipment has been abandoned and requires SH logistics to retrieve that equipment, you will be charged for the retrieval of that equipment, based on the difficulty of obtaining our equipment and based on any expenses that SH logistics may have incurred in retrieving our equipment. Likewise, any load that has been abandoned will not be paid and will not reflect your settlement, also, any late fees incurred with delivering that load will also be charged on your final settlement, or current settlement in which the late fee is incurred.

Signature: _____ Date: _____

Signature of SH logistics Representative: _____

SH Logistics LLC dba SH Transport

SH Logistics SH Transport Aggressive Driving Policy: Avoiding Road Rage

Aggressive driving will not be tolerated at SH logistics. If aggressive driving has been reported to company personal or if there is suspicion of aggressive driving appropriate actions will be taken. Consequences include a verbal warning for the first offense, a written warning for the second offense, a suspension with the third offense and if the problem persists, termination. Every situation will be reviewed on a case by case basis by management. At all costs avoid aggressive driving.

Examples of aggressive driving while operating a motor vehicle include:

- Speeding
- Tailgating
- Failure to signal for a lane change
- Running a red light or stop sign
- Weaving in and out of traffic
- Cutting off other drivers
- Intentionally slowing down in front of another vehicle
- Passing over double yellow line
- Making obscene gestures
- Excessive use of the vehicle horn
- Blocking cars attempting to pass or change lanes
- Throwing objects
- Ramming
- Sideswiping
- Forcing a driver off the road

Please ensure the safety of yourself and others on the road by avoiding these and any other examples of aggressive driving or road rage.

Signature: _____ Date: _____

SH Logistics SH Transport Accident Policy

Safety is our number one priority at SH logistics, it is imperative that there are certain steps to be taken when involved in an accident to ensure the safety of our drivers and all people involved. It is important to remember that accidents can happen anytime and anywhere and often without any notice. Follow these steps that the company has provided in the event of an accident so that we can get through it in a safe and prompt manner.

A step-by-step checklist to preform when involved in an accident.

- Stop, no matter how minor you think the accident might have been.
- Turn on your hazard lights.
- If you can safely do so, move out of the way of traffic.
- Call 911 to report the accident.
- Set up emergency warning devices, such as warning triangles.
- Contact your manager or dispatcher.
- Take as many pictures of the accident so long as it is safe to do so.
- If the other party is hostile, wait in your truck until the authorities arrive to ensure the safety of everyone.

Collecting information at the scene

If possible, a driver should collect information at the scene to help with the investigation. Seemingly minor accidents may be more serious than the initially appear, so it's important to capture contact information for others involved in the accident and any potential witnesses.

- Names, Addresses and contact info for all witnesses and victims, including insurance policy information.
- Description of other vehicles, (Make, model, license numbers and VIN numbers if available).
- Information/ pictures of property damage
- Information about emergency services, police ambulance, tow trucks
- Accident descriptions, including time, locations and as many photos of the scene of the accident that you can take.
- Record road weather and lighting conditions.

Signature: _____ Date: _____

TAKE-HOME POLICY

Unless otherwise specified all other times, the truck must be parked at the yard.

If a driver is authorized to take a truck home, the unit may not be used for any purpose other than to run dispatched calls for the company. No personal use of the truck is permitted.

No passengers are allowed in the truck other than authorized persons who may be required to ride in the truck.

No work is to be performed on truck or trailer. Using the vehicle in any other way for the benefit of anyone other than the company is expressly forbidden.

Family members of the driver are forbidden to be in or on the vehicle at any time.

Trucks that are taken home must be parked off the street if possible. If street parking is necessary, the vehicle should be parked in a location that is legally designated for parking, and well lit. Avoid parking your vehicle in any area where it is likely that it will be sideswiped or struck from the rear.

All equipment including chargers, chains, snatch blocks, tools, and fire extinguishers, must be secured against theft. The truck should be locked at all times when not in use. The driver is responsible for any equipment that is lost from the truck while it is in his care.

No one other than the designated company driver may drive or operate the unit

Signature: _____ Date: _____

Signed Receipt

I hereby acknowledge receipt of a copy of the Employees/Drivers and all other concerned parties, Handbook of SH Logistics, LLC dba SH Transport and that I have read and understand all the information contained therein.
I agree to familiarize myself with the handbook and to comply with all company safety policies at all times while on duty as a driver.

SH Logistics LLC dba SH Transport

_____

Signature

_____

Motor Carrier Representative

_____

Date

Changes or amendments to the driver's handbook / Policies may be approved at any time by SH Logistics, LLC dba SH Transport.

REQUEST FOR DRIVER APPROVAL

NAME OF REQUESTOR: _____

FULL NAME OF DRIVER: _____

DRIVER'S DATE OF BIRTH: _____

DRIVER'S LICENCE NUMBER: _____ STATE: _____

NUMBER OF YEARS CDL EXPERIENCE: _____

I AUTHORIZE: _____ TO OBTAIN MY MOTOR VEHICLE RECORD AND SHARE THAT INFORMATION WITH THE REQUESTOR SHOWN ABOVE.

Driver Name (Print)

_____

Social Security Number _____

_____

(Driver's Signature) (Date)

EMERGENCY INFORMATION

If you become ill or have an accident while performing your duties, the following health information can help medical respond team to assist you. If you have any questions regarding this form, or if there are additional information changes, please contact SH Logistics, LLC dba SH Transport:

303-719-9521 or 303-719-0399

Department_____ Job Tile_____

Your Name_____ (Sex)_____Birth Date _____

Address (Street, City, State, Zip code) _____

Phone: Home_____Cell Phone:_____Pager: _____

To be Notified in Emergencies: (Family, Friends)

Name:_____Relationship: _____

Address:_____

Home Phone:_____Work Phone: _____

Doctor:_____Phone: _____

Address:_____
Insurance:_____
Drugs Allergic to: _____

Provide any additional information that may be useful in an emergency:

_____

_____

_____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

   Check one: ☐ Yes ☐ No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

   Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

DRUG AND ALCOHOL RECORDS REQUEST

This request is being made in compliance with the Department of Transportation regulations, §40.329, §40.331(a), and §382.405(b) and (f). See the regulations on page 2 of this form.

STEP 1: TO BE COMPLETED BY THE EMPLOYEE

INFORMATION REQUESTED FROM:

☐ Previous employer ☐ Laboratory ☐ Medical review officer ☐ Substance abuse professional ☐ Other service agent

Name: (Print) _____

Street: _____

City, State, Zip Code: _____ Telephone No. _____

INFORMATION REQUESTED BY

Employee Name: (Print) _____ Social Security/I.D. No. _____

Street: _____

City, State, Zip Code: _____ Telephone No.. _____

I am submitting this written request to obtain copies of my Department of Transportation drug and /or alcohol testing records in your possession. Specifically, I request that you send the following records:

_____

_____

_____

_____

This information should be:

☐ Sent to me at the address above

☐ Sent to the following individual/company

Name: _____

Company: _____

Street: _____

City, State, Zip Code: _____ Telephone No. _____

_____ Date: ____ / ____ / ____

Employee Signature Month Day Year

STEP 2: TO BE COMPLETED BY THE EMPLOYER / SERVICE AGENT

Copies of the drug and/or alcohol testing records have been supplied to the following person as authorized by the above named employee:

Name: _____

Street: (Same as above) _____

City, State, Zip Code: _____

Comments: _____

_____

_____

_____ Telephone No.: _____ Release Date: ____ / ____ / ____

Signature of Person Providing Information Month Day Year

Alcohol And Drug Employee's Certified Receipt

Employee's Name

Company/Department

This is to certify that I have been provided educational materials required by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked (✓) items:

_____ 1. The designated person to answer questions about the materials.

_____ 2. The categories of drivers subject to Part 382.

_____ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.

_____ 4. Specific information concerning prohibited driver conduct.

_____ 5. Circumstances under which a driver will be tested.

_____ 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.

_____ 7. The requirement that tests are administered in accordance with Part 382.

_____ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.

_____ 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40, Subpart 0 procedures.

_____ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.

_____ 11. Information on the affects of alcohol and controlled substances use on:

-an individuals health
-work
-personal life
-signs and symptoms of a problem
-available methods of intervening when a problem is suspected

_____ 12. Optional information:

_____

_____

_____

_____

_____ _____

Employee's Signature Date

_____ _____

Authorized Employer Representative Date

ALCOHOL AND/OR DRUG TEST NOTIFICATION

Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.

§382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: _____

Driver/Applicant Name: _____

(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: _____

Location: _____

Time: _____

2. Check type of test: ☐ Alcohol ☐ Controlled Substance

3. Check reason for test: ☐ Pre-employment ☐ Random ☐ Reasonable suspicion/cause ☐ Post-accident ☐ Return to duty ☐ Follow-up

4. Appointment instructions/comments:

_____

_____

_____

I understand as a condition of my employment with this company, the above identified test is required.

_____ _____

Driver/Applicant's Signature Date

Witnessed by:

_____ _____

Company Representative Date

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

DRIVER STATEMENT OF ON-DUTY HOURS
(For Newly Hired Drivers)

INSTRUCTIONS: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M. / P.M. On _____

Time Day Month Year

_____ _____

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

(check one)

Are you currently working for another employer? ☐ Yes ☐ No

At this time do you intend to work for another employer while still employed by this company? ☐ Yes ☐ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

_____ _____

Driver's Signature Date

Witness: _____ _____

Company Representative Date

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to _____
(Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

_____ _____
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Sections 300002(a)).

_____ _____
(Signature of Requester) (Date)

TO: _____

_____

_____

_____

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of _____ . In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person is employed with our company in the position of _____ . In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: _____ SSN _____ LICENSE NO. _____

REQUESTED BY

_____ _____
(Name of Company) (Typed Name)

_____ _____
(Address) (Title)

_____ _____
(City) (State) (Zipcode) (Signature)

Company:_____Date: _____

Bank and Account Information

Bank_____Phone_____

City/State/Zip Code_____

Routing Number_____Account Number_____

Checking Account Savings Account

Signature_____Date_____

PLEASE READ CAREFULLY:

 For enrollment/change of checking account, you **must** attach a voided check that includes your bank account and nine-digit transit/routing number.

 For enrollment/change of savings account, you **must** attach a form from your bank showing your savings number and nine-digit transit/routing number.

 Designated amounts will usually post to your account within 48 hours of transmission depending on your banks posting procedures.

 SH Logistics, LLC. cannot be responsible for overdrafts incurred before funds are deposited.

 Changes to direct deposit may not necessarily take effect on your next settlement.

PLEASE ATTACH VOIDED CHECK
HERE

TAX INSTRUCTIONS

IF YOU ARE FILLING AS AN OWNER OPERATOR/ CONTRACTOR PLEASE FILL OUT THE W -9 FORM ATTACHED. THIS MEANS THAT YOU WILL BE RESPONSIBLE FOR INCOME TAX, EMPLOYMENT TAX, AND FOR WORKMANS COMPINSATIONS PREMIUM WHICH IS REQUIRED.

IF YOU ARE APPLYING AS A DRIVER, PLEASE FILL OUT THE W-4 FORM THIS MEANS WE TAKE OUT TAXES ON YOUR BEHALF.

EVERYONE APPLYING MUST FILL OUT THE FIRST PAGE OF THE I-9.

Signature: _____ Date: _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;

2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . 1 $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 $

2 Enter:
- $29,200 if you're married filing jointly or a qualifying surviving spouse
- $21,900 if you're head of household
- $14,600 if you're single or married filing separately

. . . . . 2 $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . 4 $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$780	$850	$940	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,370
$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$240	$870	$1,020	$1,020	$1,020	$1,540	$1,870	$1,870	$1,870	$1,870	$1,910	$2,040
$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$510	$850	$1,020	$1,020	$1,020	$1,020	$1,220	$1,870	$1,870	$1,870	$1,960
$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

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

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

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

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

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

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. See also *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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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-INT (interest earned or paid).
- 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-NEC (nonemployee compensation).
- 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), and 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.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

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; and

4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and

5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and 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).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under *"By signing the filled-out form"* above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

***Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

**For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A,
Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

RECORD OF ROAD TEST

Driver's Name _____ Address _____

License No. _____ State _____ Equipment Driven: _____ Truck Tractor _____ Trailer _____

Checked From _____ To _____ Date _____

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory. Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition approaching unit _____
- Looks for leakage of coolants, fuel, lubricants _____
- Checks under hood - oil, water, general condition of engine compartment, steering _____
- Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers _____
- Tests brake action, tractor protection valve, and parking (hand) brake _____
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher _____
- Checks instruments for normal readings _____
- Checks dashboard warning lights for proper functioning _____
- Cleans windshield, windows, mirrors, lights, reflectors _____
- Reviews and signs previous report _____

PART 2 - COUPLING AND UNCOUPLING

- Lines up units _____
- Connects glad hands to trailer to apply trailer brakes before coupling _____
- Connects glad hands and light line properly _____
- Couples without difficulty _____
- Raises landing gear fully after coupling _____
- Visually checks king pin assembly to be certain of proper coupling _____
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer _____
- Assure that surface will support trailer before uncoupling _____

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. ENGINE

- Places transmission in neutral before starting engine _____
- Starts engine without difficulty _____
- Allows proper warm-up _____
- Understands gauges on instrument panel _____
- Maintains proper engine speed (rpm) while driving _____
- Does not abuse motor _____

B. CLUTCH AND TRANSMISSION

- Starts loaded unit smoothly _____
- Uses clutch properly _____
- Times gearshifts properly _____
- Shifts gears smoothly _____
- Uses proper gear sequence _____

C. BRAKES

- Knows proper use of tractor protection valve _____
- Understands low air warning _____
- Tests service breaks _____
- Builds full air pressure before moving _____

D. STEERING

- Controls steering wheel _____
- Good driving posture and good grip on wheel _____

E. LIGHTS

- Knows lighting regulations _____
- Uses proper headlight beam _____
- Dim lights when meeting or following other traffic _____
- Adjusts speed to range of headlights _____
- Proper use of auxiliary lights _____

PART 4 - BACKING AND PARKING

A. BACKING

- Gets out and checks before backing _____
- Looks back as well as uses mirror _____
- Gets out and rechecks conditions on long back _____
- Avoids backing from blind side _____
- Signals when backing _____
- Controls speed and direction properly while backing _____

C. PARKING (City)

- Does not hit nearby vehicles or stationary objects _____
- Parks proper distance from curb _____
- Sets parking brake, puts in gear, chocks wheels, shuts off motor _____
- Checks traffic conditions and signals when pulling out from parked position _____
- Parks in legal and safe location _____

C. PARKING (Road)

- Parks off pavement _____
- Avoids parking on soft shoulder _____
- Uses emergency warning signals when required _____
- Secures unit properly _____

PART 5 - SLOWING AND STOPPING

Uses gears properly ascending _____
Gears down properly descending _____
Stops and restarts without rolling back _____
Tests brakes before descending grades _____
Uses brakes properly on grades _____
Uses mirrors to check traffic to rear _____
Signals following traffic _____
Avoids sudden stops _____
Stops smoothly without excessive fanning _____
Stops before crossing sidewalk when coming out of driveway or alley _____
Stops clear of pedestrian crosswalks _____

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

A. TURNING

Signals intention to turn well in advance _____
Gets into proper lane well in advance of turn _____
Checks traffic conditions and turns only when intersection is clear _____
Restricts traffic from passing on right when preparing to complete right hand turn _____
Completes turn promply and safely and does not impede other traffic _____

B. TRAFFIC SIGNS AND SIGNALS

Approaches signal prepared to stop if necessary _____
Obeys traffic signal _____
Uses good judgement on yellow light _____
Starts smoothly on green _____
Notices and heeds traffic signs _____
Obeys "Stop" signs _____

C. INTERSECTIONS

Adjusts speed to permit stopping if necessary _____
Checks for cross traffic regardless of traffic controls _____
Yields right-of-way for safety _____

D. GRADE CROSSINGS

Adjusts speed to conditions _____
Makes safe stop, if required _____
Selects proper gear and does not shift gears while crossing _____
Knows and understands federal and state rules governing grade crossing _____

E. PASSING

Passes with sufficient clear space ahead _____
Does not pass in unsafe location: hill, curve, intersection _____
Signals change of lanes _____
Warns driver being passed _____
Pulls out and back with certainty _____
Does not tailgate _____
Does not block traffic with slow pass _____
Allows enough room when returning to right lane _____

F. SPEED

Speed consistent with basic ability _____
Adjusts speed properly to road, weather, traffic conditions, legal limits _____
Slows down for rough roads _____
Slows down in advance of curves, intersections, etc. _____
Maintains consistent speed _____

G. COURTESY AND SAFETY

Uses defensive driving techniques _____
Yields right-of-way for safety _____
Goes ahead when given right-of-way by others _____
Does not crowd other drivers or force way through traffic _____
Allows faster traffic to pass _____
Keeps right and in own lane _____
Uses horn only when necessary _____
Generally courteous and uses proper conduct _____

PART 7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

Consistently alert and attentive _____
Adjusts driving to meet changing conditions _____
Performs routing functions without taking eyes from road _____
Checks instruments regularly while driving _____
Willing to take instructions and suggestions _____
Adequate self-confidence in driving _____
Is not easily angered _____
Positive attitude _____
Good personal appearance, manner, cleanliness _____
Good physical stamina _____

B. HANDLING OF FREIGHT

Checks freight properly _____
Handles and loads freight properly _____
Handles bills properly _____
Breaks down load as required _____

C. RULES AND REGULATIONS

Knowledge of company rules _____
Knowledge of regulations: federal, state, local _____
Knowledge of special truck routes _____

D. USE OF SPECIAL EQUIPMENT (Specify)

_____ _____
_____ _____

REMARKS:

_____
_____
_____
_____

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semitrailer _____ Other _____ (Specify)

_____
Signature of Examiner

13F 652
(REV. 5/02)

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The or signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name _____ Type of Power Unit _____
Social Security No. _____ Type of Trailer(s) _____
Operator's or Chauffeur's Lic. No. _____ State _____ If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ 20 ____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner _____ Organization _____
Title _____ Address of examiner _____

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20___, consisting of approximately _____ miles of driving.

It is my considered opionion that this driver possesses sufficient driving shill to operate safely the type of commercial motor vehicle listed above.

Hariz Poljakovic

(Signature of Examiner)

Safety

(Title)

SH Logististics LLC dba SH Transport 3901 Pearl Road Medina, OH, 44256

(Organization and Address of Examiner)

MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employes to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding **36** months. Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER:	DATE OF EMPLOYMENT:

HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	DATE OF BIRTH

IS THIS A COMMERCIAL DRIVER'S LICENSE? ☐ **YES** ☐ **NO**

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past **36** months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

IF YOU HAD NO VIOLATIONS, CHECK THE FOLLOWING BOX ☐

If no violatons are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past **36** months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

☐ Meets minimum requirements for safe driving

☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: Hariz Poljakovic
Signature

Date

Hariz Poljakovic
Printed Name

Safety Supervisor
Title

SH Logistics, LLC dba SH Transport
Motor Carrier Name

10800 E. Bethany Dr. Suite 575, Aurora, CO, 80014
Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

CERTIFICATE OF COMPLETION

AWARDED TO

_____

For completing SH Logistics dba SH Transport

Employee orientation and E-Log Orientation

Awarded this ____ day of _____, 20__

_____

Presenter Name and Title