



205 Tunnel Drive
719-269-1173
719-275-6746
Canon City, CO 81212
719-269-1148 (Fax)
SCALE HOUSE
719-275-8196 (Fax)

INDEPENDENT CONTRACTOR HAUL AGREEMENT
EXHIBIT A

Type or Printed Name of Driver

Driver's License # & Date of Birth

*Signature of Driver

Date

I certify that the above name driver, as defined in §390.5 of the Federal Motor Carrier Safety Regulations, is regularly driving a vehicle operated by the below-named carrier, and is fully qualified under §339.1 of the Federal Motor Carrier Safety Regulations.

The driver's current medical examiner's certificate expires on: _____

This certificate expires:

(Date not later than expiration of medical certificate)

Issued on: _____
(Date)

Issued By: _____
(Name of Carrier)

(Carrier Address)

*Signature of Independent Contractor

Title

Date

*My signature on this document authorizes Tezak Heavy Equipment to check my MVR at the state.

**Copy of Driver's License and Medical Card Attached