



2850 Hog Mountain Road Suite#: 201
Dacula, GA 30019
(470) 282-0987 ext. 3016/P: (404) 944-8110
Email: billing@bmxtransportllc.com
Fax: (678) 828-5533

COPIES OF THE FOLLOWING DOCUMENTATIONS:

- DRIVER LICENCE
- MEDICAL CARD
- SOCIAL SECURITY CARD
- COPY of VOIDED CHECK (bank info for direct deposit)
- MVR - if not available, BMX will request for a fee
- Pre-Employment screening – to be completed before 1st day of work
- Previous Employment – fill out completely
- Sign Lease Agreement



BMX BILLING

2850 Hog Mountain Road Suite#: 201
Dacula, GA 30019
(470) 282-0987 ext. 3016 P: (404) 944-8110
Email: billing@bmxtransportllc.com
Fax: (678) 828-5533

DRIVER:

THINGS you need to know before you start driving for BMX:

- Obey traffic signs initial _____
- Safety and legally operate ELD initial _____
- Treat customers with respect initial _____
- PRE-TRIPP INSPECTION –
 - truck / trailer initial _____
- Communicate with dispatch initial _____
 - Be respectful at all time
- Send paperwork PDF within two hours after delivery
BMXTransportBilling@gmail.com
initial _____
- Provide two EMERGENCY contacts:

Name _____

Phone _____

Name _____

Phone _____

Print NAME _____

Date _____

BMX Transport LLC

2850 Hog Mountain Rd Suite #201 Dacula GA 30019

470.447.8833 / 470.447.8830

Temp-to-Hire

To ensure acknowledgement of this agreement please read carefully sign and date.

Temp-to-hire is a working arrangement in which the driver is hired first on a temporary basis – with the possibility of the position becoming full-time. It’s not a guaranteed full-time position and hinges on a few variables, such as how well the driver performs during the temporary arrangement and outside influences (such as economic fluctuations) that may lead the trucking business to reconsider the hiring plans.

Print Name _____

Signature _____

Date _____

BMX Transport LLC
2850 Hog Mountain Rd Suite #201 Dacula GA 30019

APPLICATION FOR EMPLOYMENT

COMPANY BMX Transport LLC STREET ADDRESS 2850 Hog Mountain Rd Suite #201
CITY, STATE AND ZIP CODE Dacula GA 30019
NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)
ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)
DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to 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 I cannot agree on the accuracy of the information."

DATE

APPLICANT'S SIGNATURE

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

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____ First M.I. Last Social Security Number Hereby authorize: _____ Date of Birth _____ Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____ To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date) To: Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____ In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. Prospective employer's fax number: _____ Prospective employer's email address: _____ _____ Applicant's Signature Date This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																								
ACCIDENT HISTORY																									
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____ 1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ 2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return. ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:20%;">Date</th> <th style="width:20%;">Location</th> <th style="width:15%;"># Injuries</th> <th style="width:15%;"># Fatalities</th> <th style="width:25%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____ Any other remarks: _____ _____ _____ Signature: _____ Title: _____ Date: _____			Date	Location	# Injuries	# Fatalities	Hazmat Spill	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
	Date	Location	# Injuries	# Fatalities	Hazmat Spill																				
1.	_____	_____	_____	_____	_____																				
2.	_____	_____	_____	_____	_____																				
3.	_____	_____	_____	_____	_____																				

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p>	
By: _____ Date: _____	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p>	
Information received from: _____	
Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone	
Date: _____ <input type="checkbox"/> Other _____	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> • Complete the information • Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3 	<p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> • Record receipt of the information • Retain the form
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**RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1: COMPLETED BY THE DRIVER/APPLICANT

TO:
 Prospective Employer: _____
 Street/P.O. Box: _____
 City, State, Zip: _____ Telephone # _____

FROM:
 Driver/Applicant: _____ Social Security/I.D. # _____
 Street: _____
 City, State, Zip: _____ Telephone # _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: sent to me at the above address.
 I will arrange to pick up.

Driver/Applicant Signature: _____ Date: _____ / _____ / _____
M D Y

PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____
 Street: _____
 City, State, Zip: _____
 Comments: _____

By: _____ Release Date: _____ / _____ / _____
Signature/person providing information Telephone # M D Y

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR
DRIVER'S RECORD
391.23**

(Driver's Name)

(Driver's Operator's Lic. No.)

(Driver's Social Sec. No.)

Dear _____,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual making inquiry

(printed) Name of person making inquiry

Title of person making inquiry

Motor Carrier Name

Street Address

City

State

Zip

83

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
391.25**

Name (Last, First, M.I.) (Soc. Sec. No.)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- the driver meets the minimum requirements for safe driving, or
- the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

Motor Carrier's Name

Reviewed by: Signature and title

Date of Review

Motor Carrier's Name

Reviewed by: Signature and title

Date of Review

Motor Carrier's Name

Reviewed by: Signature and title

BMX Transport LLC and Driver Agreement

Date:

BMX Transport LLC
MC # 753411 DOT #: 2164986
Address: 2850 Hog Mountain Rd STE 202
City: Dacula State: GA Zip: 30019 Phone: 470-282-0987

Driver's Name: _____

Soc. Sec/Fed. ID #: _____

Driver's License #: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

EQUIPMENT IDENTIFICATION

Tractor Unit #: _____ Make: _____ Year: _____ Model: _____

Serial Number (VIN #): _____ License Plate #: _____ State: _____

Driver Agreement Terms:

The Driver (Name) _____ Is responsible for picking up the load, transporting, and delivering the load safely. The commodity must be properly secure depending on the type of freightage it is. Use locks, load bars, load locks, and straps when necessary. It is the driver's responsibility to maintain the wellbeing of the commodity under any circumstance.

Bill of Lading: Each shipment hereunder shall be evidenced by and subject to the term's conditions and provisions of a bill of landing, or other proof of delivery receipt. In the event of conflict between the terms and conditions and provisions of such bill of landing or receipts and this Contract, the provisions of this Contract shall govern. In case BOL is lost, driver *will not* be paid.

Care and Operation of Equipment: The Equipment may only be used and operated in a careful and proper manner. Its use must comply with all laws, ordinances, and regulations relating to the possession, use, or maintenance of the equipment, including registration and/or licensing requirements, if any.

Personal Use: The driver cannot use company equipment for any personal use. The driver cannot go home without permission even if he is close to his home. The driver cannot go more than 20 miles away to a truck stop while waiting for a load. The driver cannot divert anywhere out of route for their convenience without BMX personnel authority. A fee will be enforced if the driver is in violation of this term.

Alterations: The Driver shall make no alterations to the equipment without the prior written consent of BMX Transport. All alterations shall be the property of BMX Transport and subject to the terms of this Agreement.

Risk of Loss or Damage: The driver assumes all risks of loss or damage to the equipment from any cause, and agrees to return it to BMX Transport in the condition received, with the exception of normal wear and tear, unless otherwise provided in this agreement. *Note: In case of an accident, BMX Transport will not cover the driver's health insurance. The driver must purchase their own health insurance if needed.* Hospital, emergency, or any other medical bill will not be covered by BMX Transport.

COVERING LAW. This Agreement shall be construed in accordance with the laws of the State of Georgia.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THIS AGREEMENT:

X John Tacey
BMX Representative
President

X _____
BMX Employee
Driver

Date: _____



DRIVER DOT VEHICLE EXAMINATION REPORT

NO Violations - DRIVER is rewarded **\$100** for all inspection with no violation. Submit examination report to BMX office BMXTransportbilling@gmail.com

SIGN: _____

VIOLATIONS: - DRIVER PAYS BMX **\$250 + violation ticket** for all inspection and warning inspections received that are driver's responsibility, such as: speed violation, logbook, fire extinguisher expiration / pressure level, PTI (pre trip inspection). If PTI cannot be competed and need assistance from BMX mechanic, driver MUST NOTIFY dispatch to address the issue discovered. In the event that DOT finds violations that ARE driver's responsibility driver must pay ticket and BMX fees. Submit violation report to BMX office BMXTransportbilling@gmail.com

PRINT NAME: _____

SIGN: _____

DATE: _____

BMX Transport LLC

2850 Hog Mountain Rd Suite #201 Dacula GA 30019

470.447.8833 / 470.447.8830

STATEMENT OF MOTOR CARRIER / DRIVER'S RESPONSIBILITY

To ensure acknowledgement and your agreement to abide by these requirements, please read each responsibility, initial where needed, sign and date on the back.

- I am responsible for the safe operation of the truck I drive. Safety is paramount at all times and must never be compromised.
- I am responsible for the safe and legal loading of the truck I drive.
- I am aware that full observance of State and Federal Laws is the sole responsibility of the driver and will abide by these laws.
- I am aware that dynamic obstacle (traffic, traffic signals, road, and site conditions) are constantly encountered and could disrupt the flow of traffic. All of these obstacles, when not encountered by an alert driver at a safe speed could prove harmful to the driver and others in the area. Please Stay Alert!
- It is very important that a positive and polite attitude is maintained towards: Dispatch, Office personnel,
- At the load / unloading Docks, Weight stations, State patrol etc., and all whom I come in personal contact or by phone. Foul language and verbal abuse are not permitted under any circumstances!
- I am aware that lubricating and cleaning truck bodies with any solution other than those approved by DOT and EPA standards is prohibited. (NO fuel Oil)
- I am aware that my vehicle may not be left unattended on the job site, at the pump, rest area or any other unauthorized parking. Failing to respect will result in ticket violation / towing, ultimately paid in full by the driver.
- I am responsible to park the truck and trailer in authorized parking. Failing to respect will result in ticket violation / towing, ultimately paid in full by the driver.
- I will not carry or have in my possession any contraband, firearms, and/or any type of weapons while working under the Agreement with BMX Transport.
- Medical insurance – in the event of an accident while driving for BMX Transport LLC or off duty in personal vehicle - medical expenses are NOT covered under BMX policy.

INITIAL HERE _____

- I am aware that a premium of **\$1,400 insurance deductible** will be deducted from my paycheck in the first 30 days of employment with BMX Transport LLC.

INITIAL HERE _____

THE \$1,400 total amount WILL NOT be returned to me at the end of my employment
IF I violate any of the following requirements:

I opt out of employment with BMX Transport LLC before providing at least two weeks' notice.

- INITIAL HERE: _____

I am aware that if my driving experience is less than 12 months, I must remain driving for BMX Transport LLC without any interruption for 12 consecutive months from the date of hire.

- INITIAL HERE: _____

At the end of my employment with BMX Transport LLC I will return Truck / Trailer to the yard in Gainesville, GA.

- INITIAL HERE: _____

Truck / Trailer are presented in the same conditions as it was on the first day of hire.

- INITIAL HERE: _____

DAMAGES: If any damage are discovered on Truck / Trailer due to my careless driving, negligence (ex. hooking the trailer property ...), will be sent for an estimate and will come out of my paycheck.

- INITIAL HERE: _____

CLEAN - a fee will be charged for dirty Truck / Trailer at the end of employment.

- INITIAL HERE: _____

Print Name _____

Signature _____

Date _____

BMX Transport LLC

2850 Hog Mountain Rd Suite #201 Dacula GA 30019

470.447.8833 / 470.447.8830

MOTOR CARRIER SAFETY REGULATIONS

To ensure acknowledgement and your agreement to abide by these requirements, please read each responsibility, sign and date.

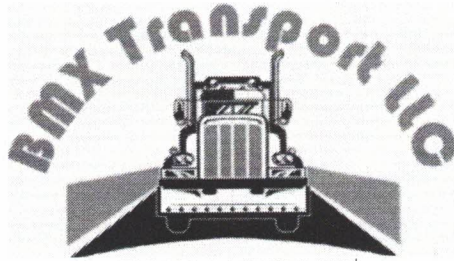
The requirements of Part 820 of Title 17 of the Official Compilation of Codes, Rules and Regulations of the State of New York, "New York State Motor Carrier Safety Regulations", is hereby incorporated and made part of this Agreement as if fully set forth herein. All Truck Drivers / Motor Carriers and their employees are obligated to performance in accordance with all applicable terms and previsions. The following list provides a summary of some, but not all, of the applicable regulations:

- 1) Maximum of 11 hours driving time per day.
- 2) Maximum of 14 hours on duty per day.
- 3) One day of 16 hours on duty per week providing driver is released from duty at original starting point and not increase driving time. This exemption cannot be utilized twice within 6 days unless following 34-hour restart.
- 4) Drivers must have minimum of 10 hours off between shifts.
- 5) Drivers must work no more than 60 hours in 7 days or 70 hours in 8 days.
- 6) Drivers must have 34 hours off before the clock restart (24 hours for construction vehicles).
- 7) Drivers must keep a logbook when they are on duty for more than 12 hours or travel more than 100 air miles from home base / only for that day.
- 8) Driver must advise dispatch of hours worked for previously 7 day by providing logbook records for the past (7) days of sheet filled out.

Print Name _____

Signature _____

Date _____



2850 Hog Mountain Road Suite#: 201
Dacula, GA 30019
(470) 282-0987
Email: drive@bmxtransportllc.com

January 2020

LOAD / FUEL / Truck Wash

LOAD definition: **PICK UP and DROP OFF = LOAD**, however any loads picked up from YARD and Dropped off in YARD are as follow:

- Load PICK UP from Yard –
DRIVER pays \$35 initial _____
- Load DROP OFF in Yard –
DRIVER pays \$35 initial _____

FUEL – plan your trip / fuel in advance. **Use ONLY:**

- **Flying J** initial _____
- **Pilot** initial _____
- Lost / Stolen fuel Card \$25 fee initial _____

TRUCK WASH – plan your trip and use only **Blue Beacon Truck Wash**

- Account Name - BMX Transport LLC
initial _____

PRINT YOUR NAME

DATE

X _____

X _____



BMX
B I L L I N G

2850 Hog Mountain Road Suite#: 201
Dacula, GA 30019
(470) 282-0987 ext. 3016 P: (404) 944-8110
Email: billing@bmtransportllc.com
Fax: (678) 828-5533

DIRECT DEPOSIT INFORMATION

Your Name **OR** Business Name:

• _____
(as it appears on your Bank account)

• BANK NAME _____

• ACCOUNT NUMBER: _____

• ROUTING NUMBER: _____

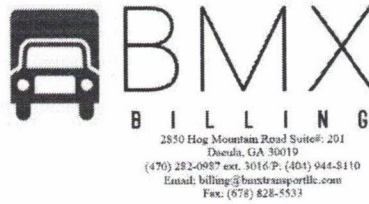
• HOME ADDRESS: _____

• Pay per mile x _____

• E-mail: x _____ @ _____

• Voided check

VOIDED CHECK



Paperwork Requirements

Submit BOL's within TWO HOURS after delivery to:
bmxtransportbilling@gmail.com

At the end of the week on Friday / Saturday submit drivers log with all receipts (fuel / scale / repair / toll / etc.) bmxtransportbilling@gmail.com

If you live in GA, drop off original bills in the YARD or BMX office. If you are not in GA be sure to mail original paperwork to BMX office: 2850 Hog Mountain Rd Suite #202 Dacula GA 30019

COMPLETE WEEK:

ALL SIGNED Bill of Ladings (BOLs)

- ❖ Missing load documentation will result in = no payment.
- ❖ Submit all receipts: fuel, lumpers, tolls, scale, parking, truck/trailer repairs, etc.
- ❖ Write on each receipt who paid for the expenses: BMX cash adv OR driver out of pocket)
- ❖ If out of pocket receipts are missing = they will not be reimbursed.

WEEKLY LOGS with loads or mileage

- ❖ Undelivered loads are not to be written on the log until completed / delivered
- ❖ Write only one week at a time on the log (not 10 days or 2 weeks)
- ❖ LATE PAREWORK WILL RESULT = LATE PAYMENT, therefore, do not delay in submitting your paperwork. It is **DRIVER'S responsibility** to get paperwork to BMX on time!

YOUR PAYCHECK

- ✓ After your first week of employment, your paycheck will be made TWO weeks after delivery of original paperwork.
- ✓ A statement with loads and miles is being emailed every week on Thursday. Please be on the lookout for these statements as they are the proof that your load paperwork has been received, processed, and ready to be paid.
- ✓ Checks are deposited EVERY FRIDAY.
- ✓ If you know you sent in paperwork however have not received a statement on Thursday. Please notify BMX Billing bmxtransportbilling@gmail.com.
- ✓ Keep in mind we typically require 2-3 days to fully process paperwork.

BMX TRANSPORT LLC

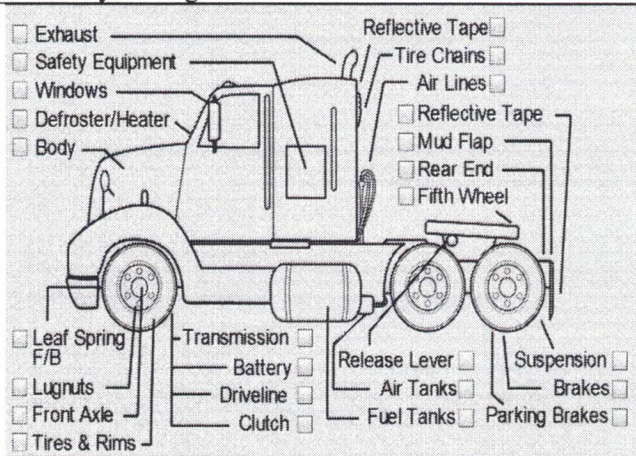
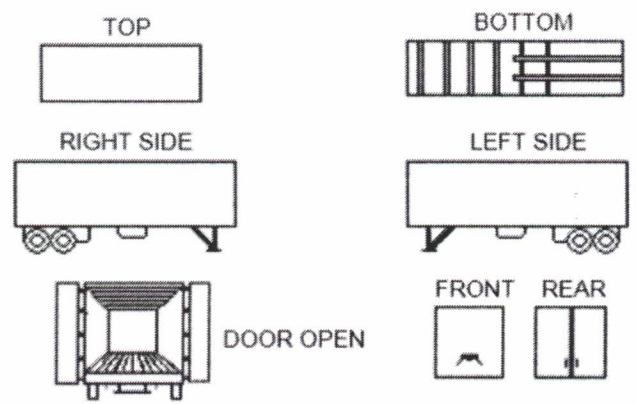
Trailer/Truck Inspection Report

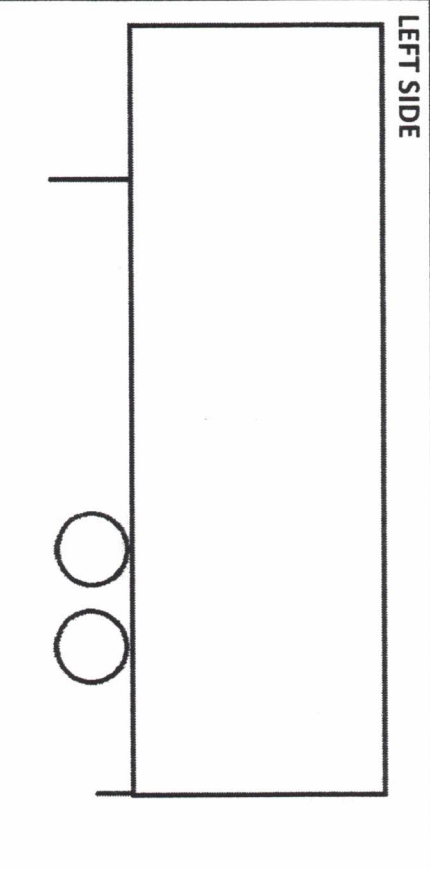
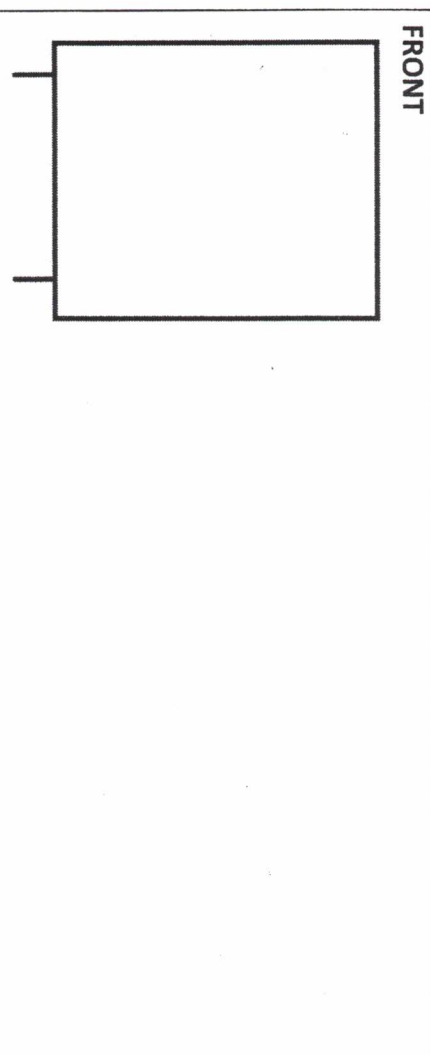
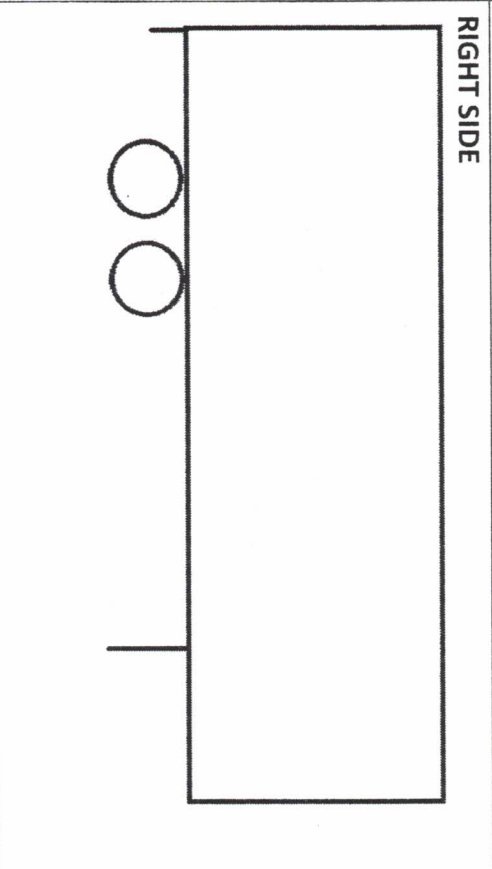
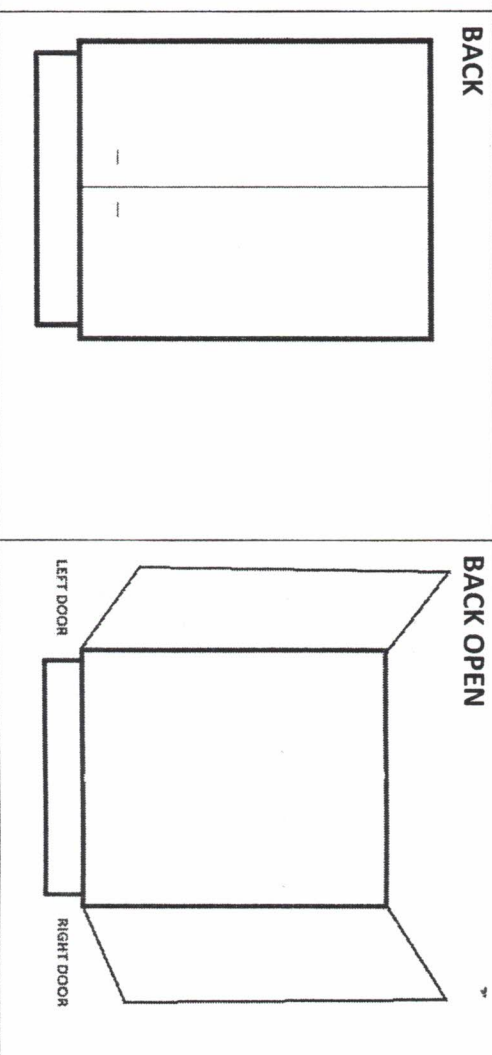
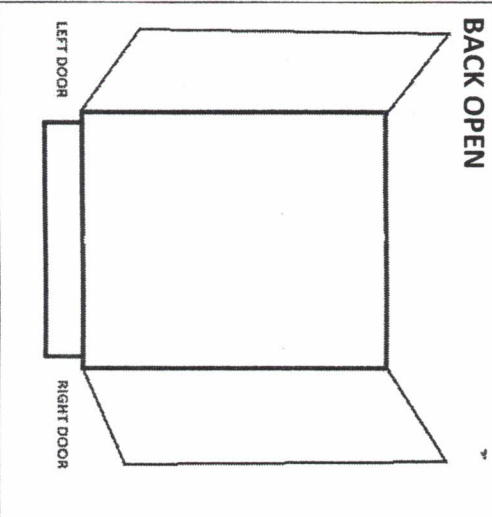
You are responsible for the maintenance of any company vehicle in your possession. Please complete this paper when you are changing a trailer/truck.

- Please fill out the truck info if the truck needs repair/maintenance (**reports effective 06/08/2020**)
- Please fill out the trailer info if the trailer needs repair/maintenance
- Every new trailer hook needs to have trailer/truck inspection report
- Take pictures of both the trailer/truck damages and the completed inspection reports and send them to **shopbmxtransportllc@gmail.com**. Even if there is no/minimal damage please send them anyway
- Please leave the filled Trailer inspection report in the yard in the folder labeled "Truck & Trailer inspection report"

1. *If you do not complete the truck/trailer inspection report when necessary, there will be a potential fine of \$20 (fines effective 07/01/2020)*
2. *Any damage that is not reported will be fined \$100*

Failure to comply with any of these responsibilities can result in disciplinary action

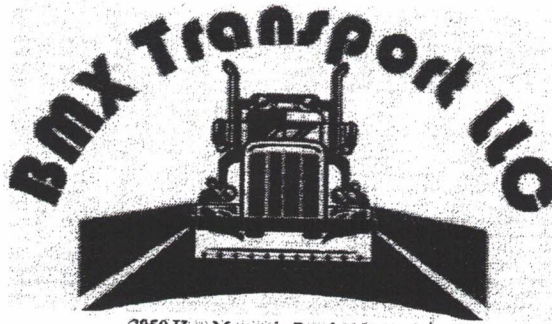
Driver Name (Printed): _____			Date: _____	Time: _____	AM or PM
Truck Info:			Trailer Info:		
Truck#: _____	Drop <input type="checkbox"/> Location: _____	Pickup <input type="checkbox"/> Location: _____	Trailer#: _____	Drop <input type="checkbox"/> Location: _____	Pickup <input type="checkbox"/> Location: _____
Estimated date/time when the truck needs to be done: Date _____ Time: _____ AM or PM			Estimated date/time when the truck needs to be done: Date _____ Time: _____ AM or PM		
DAMAGES: _____ _____ _____ _____			DAMAGES: _____ _____ _____ _____		
Mark any damages on the truck:			Mark any damages on the trailer:		
 <p> <input type="checkbox"/> Exhaust <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Windows <input type="checkbox"/> Defroster/Heater <input type="checkbox"/> Body <input type="checkbox"/> Leaf Spring F/B <input type="checkbox"/> Lugnuts <input type="checkbox"/> Front Axle <input type="checkbox"/> Tires & Rims <input type="checkbox"/> Transmission <input type="checkbox"/> Battery <input type="checkbox"/> Driveline <input type="checkbox"/> Clutch <input type="checkbox"/> Reflective Tape <input type="checkbox"/> Tire Chains <input type="checkbox"/> Air Lines <input type="checkbox"/> Reflective Tape <input type="checkbox"/> Mud Flap <input type="checkbox"/> Rear End <input type="checkbox"/> Fifth Wheel <input type="checkbox"/> Release Lever <input type="checkbox"/> Air Tanks <input type="checkbox"/> Fuel Tanks <input type="checkbox"/> Suspension <input type="checkbox"/> Brakes <input type="checkbox"/> Parking Brakes </p>					
Driver's signature: _____					

Trl # _____		Driver Name _____	
Pick Up Location _____ Date _____		Drop Off Location _____ Date _____	
LEFT SIDE 	FRONT 		
RIGHT SIDE 	BACK 		
		BACK OPEN 	

Mark any damages on the trailer above (including, but not limited to dents, scratches, broken lights/bulbs, etc.) and sign.

Driver's signature _____

Date of signature _____



2850 Hog Mountain Road Suite#: 201
Dacula, GA 30019
(470) 282-0987
Email: drive@bmxtransportllc.com

Dear BMX Driver,

FILL OUT AFTER YOUR RECIVE THE KEYS TO THE TRUCK

As you first start driving for BMX Transport LLC we're are providing several items to improve your trucking experience! We hope that they are useful and make your job more efficient.

Check all that apply, sign and email back to drive@bmxtransportllc.com

TRUCK # _____

- GPS _____
- Straps _____ How many? ____
- Chains _____
- Tablet _____
- Broom _____
- Crowbar/Tools _____
- Fire Extinguisher _____

Thank you for your time!

PRINT YOUR NAME

DATE

X _____

X _____

WEEK 9/10/2017 - 9/16/2017

BMX Transport LLC 2554 Spark Spring Court Buford GA 30519 470-447-8833 / 470-447-8830

Name:

DROP OFF: City / State
 • PARAGOULD, AR
 • MAGNOLIA, AR
 • HOCKLEY, TX
 • KATY, TX
 • HOUSTON, TX

PICK UP: City / State
 HORICON, WI

Miles:
 load / empty
 1,353 / 129

Fuel / DEF
 6688
 437.47 / 144.475

Lumper

T-OK

EXAMPLE

Total miles:
 1,482

ODOMETER START 270591

ODOMETER END 272073

Expense: out of pocket - write your initial Expense: paid by BMX - write BMX

AMOUNT - EXPENSES WILL NOT BE PAID WITHOUT A RECEIPT

PAYMENT: OUT OF POCKET / BMX

- SCALES
- TOLLS
- TRUCK REPAIR
- TRAILER REPAIR
- TRUCK WASH
- FAX
- PERMIT
- OTHER

68.00

Write & attach for EACH load: fuel amount & receipt, lumper amount & receipt, toll amount & receipt, total amount & receipt. Also write & attach truck / trailer repair amount and receipt etc.
 Drop off paperwork to BMX Billing after the load is delivered. Incomplete paperwork, minor mistakes will not be paid. 2850 Hog Mountain Rd., Ste. 201, Dacula GA 30019-5925

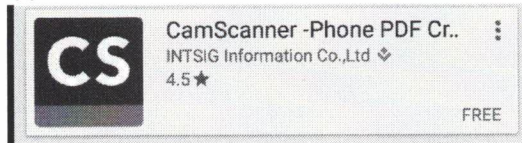
* TOTAL OOP EXPENSES : 68.00

Send SIGNED BOL and all unloading documents within two hours after delivery to:
bmxtransportbilling@gmail.com

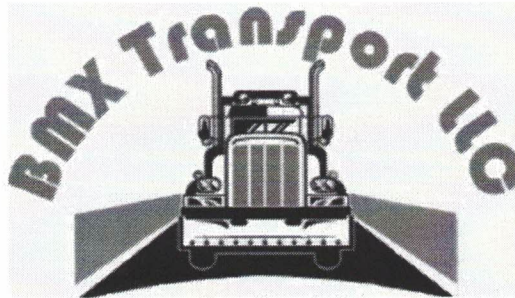
CamScanner Instructions

Instructions for Android Users

1. Go to Google play store on your mobile device and search for CamScanner and install the free app.



2. Once installed open the app. You will need to set up an account if you do not already have one. Press register and follow the instructions to create your account.
3. When you are ready to scan your documents, press on the camera icon in the bottom right corner of your screen. This will start your device's camera, allowing you to take pictures of your documents.
4. Line up the edges of the pages with the camera frame on your phone. Press the camera icon, to take the picture.
5. Once the picture is captured, CamScanner will look for the edges of the page, allowing you to crop out any unwanted background in the photo. Line up the green lines/circles with the edges of your paper. Press the check mark when you have everything in place.
6. CamScanner will then automatically enhance the photo. If you are satisfied with the results, hit the check mark to continue. Or adjust as needed.
7. The photo will save as a new document. To add multiple pages to the same document, press the camera icon after saving the first page, and repeat steps 4 through 6. Continue this until all pages have been captured and saved.
8. After you have scanned/captured the last page of your document, press the icon at the top of your mobile device that says pdf. Your mobile device should prompt you to pick a pdf app to view the document. Select one and the document will open. Download the document to your device or save it to a storage app, such as Google Drive.
9. After the document has either been downloaded to the device or saved to a storage app, you can now upload that document as an attachment through the ExpertCare Portal.
10. To remove old or unwanted documents, go to your "My Doc" folder. Press the three vertical dots on the top right of the screen and choose "select". Then select the documents you wish to delete and press the trash can. Please note, this will not remove the document from your device if you downloaded the document directly to your device or saved it to a storage app. To remove it from your device or storage app, you will need to go to your download folder or the storage app and delete it from there.



2850 Hog Mountain Road Suite#: 201
Dacula, GA 30019
(470) 282-0987
Email: drive@bmxtransportllc.com

**BMX TRANSPORT LLC ALLOWS THE DRIVER (listed below)
TO USE PAPERLOG FOR A MAXIMUM OF 7 DAYS in the event
the ELD malfunction UNTIL THE ELD IS FIXED.**

DRIVER NAME: _____
LOCATION: _____
DATE: _____
TRUCK # _____
TRAILER # _____

AUTHORIZATION BASED ON THE FMCA INFORMATION.

- What must a driver do if there is an electronic logging device (ELD) malfunction?

If an ELD malfunctions, a driver must: 1. Note the malfunction of the ELD and provide written notice of the malfunction to the motor carrier within 24 hours; 2. Reconstruct the record of duty status (RODS) for the current 24-hour period and the previous 7 consecutive days, and record the records of duty status on graph-grid paper logs that comply with 49 CFR 395.8, unless the driver already has the records or retrieves them from the ELD; and 3. Continue to manually prepare RODS in accordance with 49 CFR 395.8 until the ELD is serviced and back in compliance.

- What must a motor carrier do if there is an electronic logging device (ELD) malfunction?

If an ELD malfunctions, a motor carrier must: 1. Correct, repair, replace, or service the malfunctioning ELD within eight days of discovering the condition or a driver's notification to the motor carrier, whichever occurs first; and 2. Require the driver to maintain paper record of duty status (RODS) until the ELD is back in service.

Authorized by Name: John Tacu

Signature: _____

BMX Transport LLC and Driver Agreement

Date:

BMX Transport LLC
MC # 753411 DOT #: 2164986
Address: 2850 Hog Mountain Rd STE 202
City: Dacula State: GA Zip: 30019 Phone: 470-282-0987

Driver's Name: _____
Soc. Sec/Fed. ID #: _____
Driver's License #: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____

EQUIPMENT IDENTIFICATION

Tractor Unit #: _____ Make: _____ Year: _____ Model: _____
Serial Number (VIN #): _____ License Plate #: _____ State: _____

Driver Agreement Terms:

The Driver (Name) _____ **Is responsible for picking up the load, transporting, and delivering the load safely. The commodity must be properly secure depending on the type of freightage it is. Use locks, load bars, load locks, and straps when necessary. It is the driver's responsibility to maintain the wellbeing of the commodity under any circumstance.**

Bill of Lading: Each shipment hereunder shall be evidenced by and subject to the term's conditions and provisions of a bill of landing, or other proof of delivery receipt. In the event of conflict between the terms and conditions and provisions of such bill of landing or receipts and this Contract, the provisions of this Contract shall govern. In case BOL is lost, driver *will not* be paid.

Care and Operation of Equipment: The Equipment may only be used and operated in a careful and proper manner. Its use must comply with all laws, ordinances, and regulations relating to the possession, use, or maintenance of the equipment, including registration and/or licensing requirements, if any.

Personal Use: The driver cannot use company equipment for any personal use. The driver cannot go home without permission even if he is close to his home. The driver cannot go more than *20 miles* away to a truck stop while waiting for a load. The driver cannot divert anywhere out of route for their convenience without BMX personnel authority. A fee will be enforced if the driver is in violation of this term.

Alterations: The Driver shall make no alterations to the equipment without the prior written consent of BMX Transport. All alterations shall be the property of BMX Transport and subject to the terms of this Agreement.

Risk of Loss or Damage: The driver assumes all risks of loss or damage to the equipment from any cause, and agrees to return it to BMX Transport in the condition received, with the exception of normal wear and tear, unless otherwise provided in this agreement. *Note: In case of an accident, BMX Transport will not cover the driver's health insurance. The driver must purchase their own health insurance if needed.* Hospital, emergency, or any other medical bill will not be covered by BMX Transport.

COVERING LAW. This Agreement shall be construed in accordance with the laws of the State of **Georgia**.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THIS AGREEMENT:

X John Tracy
BMX Representative
President

X _____
BMX Employee
Driver

Date: _____



(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: BMX TRANSPORT LLC Date of Birth: _____

Street Address: 2850 HOG MOUNTAIN RD SUITE 201
DACULA, GA 30019 Location Number: _____

Temporary Staffing Agency: _____

Work Related

Injury Illness

Date of Injury: _____

Substance Abuse Testing* (check all that apply)

Regulated drug screen Breath alcohol

Collection only Hair collect

Non-regulated drug screen Rapid drug screen

Other PRE EMPLOYMENT

Type of Substance Abuse Testing

Preplacement Reasonable cause

Post-accident Random

Follow-up

Special instructions/comments: _____

PRE EMPLOYMENT DRUG TEST

Authorized by: Tacu *SON*

Phone: 4704478830 Please print
JOHN TACU

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Special Examination

Asbestos Respirator Audiogram

Human Performance Evaluation*

HAZMAT Medical Surveillance

Other _____

Billing (check if applicable)

Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: OWNER

Date _____

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.c)

Concentra
755 Lawrenceville -Suwanee Rd
Suite 1600
Lawrenceville, GA 30043
Phone: (770) 995-1500