

Packet #2 Instruction

Packet #2

1. Please note the first page (picture) in the packet. Whether you get a magnet or use the sticky letters/numbers doesn't matter to us, but you **must have our name, MC, DOT and phone number listed on your truck.**
2. Subcontractor release: Just need to sign and date.
3. Direct deposit: What account you would like your pay to be deposited in. Please send a VOIDED blank check if possible as well as the form.
4. Seven day log: **This is for the seven days prior to employment with our company.** If you're not sure what day you will be starting, just wait to send it back until you do.
5. **W9:** Self-explanatory.
6. Equipment List: This two-page list is guidance for what you need to have on your truck for us to properly book you loads.
7. Office Contact Sheet: All contact information for everyone at the office, along with some other information about the fuel card
8. Vehicle Maintenance Log: This document is for you to log all your Truck/Trailer maintenance and send in monthly. Please have a separate copy for truck and trailer.

If you are wanting to take a passenger with you, please call and ask for our **Passenger Authorization Form**, which needs to be filled out before having a passenger ride with you.

Please fill out and send back in required documents.

Thank you



Transportation

USDOT: 3170124

MC: 117628

712-560-3585

rabaxley.com

Subcontractor Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on the _____ day of _____, 20____ by _____ ("Subcontractor") release the Baxley Holdings Incorporated ("BHI") and each of its successors, assigns, directors, officers, employees, agents and Subcontractors. Now therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

The Subcontractor desires to provide services to BHI and engage in activities related to such service.

Subcontractor understands that he/she is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of services provided to BHI.

1. Waiver and Release: I, the Subcontractor, for myself and my heirs, executors, administrators and assigns, hereby release, waive, discharge and hold harmless, BHI and its successors, assigns, directors, officers, employees and agents from any and all liability, claim and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to BHI. I understand and acknowledge that this Release discharges BHI from any liability or claim that I may have against BHI with respect to bodily injury, personal injury, illness, death, property damage, or any other claim that may result from the services I provide to BHI or occurring while I am providing services.
2. Insurance: Further, I understand that BHI does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, workers compensation, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of BHI beyond what may be offered freely by BHI in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby release and forever discharge BHI from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a Subcontractor with BHI.
4. Assumption of Risk: I understand that the services I provide to BHI may include activities that may be hazardous. As a Subcontractor, I hereby expressly assume risk of injury or harm from these activities and release BHI from all liability.
5. Other: As a Subcontractor, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Iowa and that this Release shall be governed by and interpreted in accordance with the laws of the State of Iowa. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Date

Witness

Date

**R A Baxley Transportation
800 Eagle St.
Scranton, IA. 51462**

Direct Deposit Payroll Authorization

I authorize the above named Company to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my account at the Depository (identified below), for the purpose of automatically depositing funds to my account. I acknowledge that all transactions must comply with the provisions of U.S. law.

Name on Account: _____

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ (Please Attach Voided Check)

Account Number: _____ Checking Savings Other _____

Frequency: Monthly Weekly Other As Loads are delivered

Beginning/Effective Date: _____

- New Authorization
- Change to Previous
- Termination

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the Company has received notification from of termination in such time and such manner as to afford the Company and Depository a reasonable opportunity to act on it.

Account Holder Signature Date

Account Holder Signature Date
(Termination of Withdrawal)

SEVEN-DAY PRIOR LOG FORM
 (data sheet for new, casual, or temporary drivers)

NAME : SOC. SEC.#: _____
 ADDRESS: _____ PHONE#: _____
 DRIVER'S LICENSE#: STATE:

Instructions:

At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [FMCSR 395.8 0)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

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

Date and start time of the last **qualified** 34-hour restart: _____ : _____ am/pm

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:

----- on -----
 time day month year

Signature: _____

Witness: _____
 Company Representative

Date: _____

Great West Casualty Company does not provide legal advice to its customers, nor does it advise insureds on employment related issues, therefore the subject matter is not intended to serve as legal or employment advice for any issue(s) that may arise in the operations of its insureds. Legal advice should always be sought from the insured's legal counsel. Great West Casualty Company shall have neither liability nor responsibility to any person or entity with respect to any loss, action or inaction alleged to be caused directly or indirectly as a result of the information contained herein.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	
	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="text-align: right;"><small>(Applies to accounts maintained outside the U.S.)</small></p>	
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

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. Also see *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 ▶
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS 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-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), 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.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Equipment Lists

Here is a list of the equipment you will need to have on your truck as well as the paperwork you need to have with you. We suggest you get a 3 ring binder that has a left and right side pocket and some plastic sleeves or a plastic two pocket folder to keep your paperwork in. When you get pulled in at a weigh station for an inspection, it tends to go a lot smoother if you already have these things organized and ready for review.

Equipment items/Paperwork items:

1. You will need two 8 foot drop tarps (minimum), you will want to also get a couple of 4 foot drop tarps as you go along but don't need the 4 foot ones right away
2. Twelve 4 inch-winch straps
3. Eight 2 inch-ratchet straps
4. Eight chains and binders
5. A set of "Oversize Load" signs (not "Wide Load")
6. Four red flags, two orange flags
7. Two annual inspection forms. One for the truck and one for the trailer. This can be done at most truck stops that have a shop for repairs.
8. Blank Bill of Ladings for when the shipper doesn't supply one. You must always have a Bill of Lading for each load, so if they don't give you one, you will need to make one yourself. You should keep at least 10 of these one hand and refill stock as necessary.
9. A paper log book. This is for if your ELD malfunctions. You must have at least eight paper logs with you per DOT. Restock as necessary.
10. Something to keep your older receipts in, i.e. pocket pouch, manila envelope, etc.

Truck stops usually carry these items if you can't find them elsewhere.

FYI: Your ELD must be mounted in a fixed position so you can see it while you're driving. You must also have your current load number noted in the ELD, if you have another pickup along the way, you should note that load number as well. Also, we ask that our drivers take pictures of their freight once it is **loaded AND after it's tarped** when loading **and after its been un-tarped** when unloading.

All drivers must also have **PPE (personal protective equipment) with them at all times**. This includes:

1. A hard hat.
2. Reflective vest.
3. A long-sleeved shirt, jeans/pants.
4. Steel-toed boots.
5. Safety glasses.
6. You must wear a face mask in most of the states. You can get a cloth face mask at Dollar General, Wal-Mart, etc. I'm not sure if Wal-Mart would have the other PPE stuff, but if not, it's probably sold at a truck stop as well.

Paperwork that goes with you (this is where the 3-ring binder or folder comes in.) Note: if you go with the plastic sleeves you won't need to get a hole puncher and you can put something on both sides of each sleeve. Please keep your paperwork in this order so we are uniform as a company.

1. Truck registration (including temporary if that is all you have).
2. Trailer registration (including temporary).
3. IFTA license (including temporary).
4. Insurance cards (truck and trailer).
5. A copy of our contract we sent you.
6. Annual inspection for both your truck and trailer.
7. A copy of your medical long form.
8. Any permits that are for more than just the current trip.
9. Left-side pocket: Bill of Ladings/any paperwork for your current trip including one-time trip permits.
10. Right-side pocket: Receipts from current trip.

Office Contact Sheet

Ron Baxley, President: 712-560-3585 Ext 101 rabaxley@outlook.com Cell: 712-210-0446

- Reach out to Ron for any and all questions if you cannot get ahold of anyone
- After Hours Support
- Loading and Dispatch questions

Leland Baxley, CFO: 712-560-3585 Ext 102 lelandjbaxley@outlook.com

- All pay statements will come from Leland and his email
- All Financial questions can be sent this way

Bruce Greer, Vice President: 712-560-3585 Ext 103 rabaxley@outlook.com
bginsea@outlook.com

- Any operational and dispatch information and questions

Jon Moore, Safety Director: 712-560-3585 Ext 104 jonmoore.rabaxley@outlook.com

- All safety related information

Barbara Baxley, Human Resources: 712-560-3585 Ext 105 barbara@rabaxley.com

- All Human Resources concerns
- Contracts

All BOLs, pictures of loads, updates, and Inspection Reports need to be sent to drivers.rabaxley@outlook.com. We try to reserve rabaxley@outlook.com for all of dealings with brokers and drivers.rabaxley@outlook.com for all dealings with drivers.

Any rate confirmations will be sent over from either rabaxley@outlook.com or drivers.rabaxley@outlook.com

Please make sure you have all email address saved so any emails you receive from them do not end up going to junk or spam.

Also, Please download the Multi Service Fuel Card app on your phone. We use Multi Service for your fuel cards and this app will tell you were to get cheaper fuel. No login is necessary. Click on fleet driver access and network 1(if asked). Green stations have discount and no fees. Orange Stations have no discounts and no fees. Gray stations have no discounts and fees do occur. All you will have to enter at the Fuel Stations is your unit number and pin.

