**EVANS PRO LOGISTICS**

**CONTRACTOR INFORMATION FORM**

|  |  |
| --- | --- |
| NAME |  |
| BUSINESS NAME (IF APPLICABLE) |  |
|  |  |
| ADDRESS |  |
| PHONE |  |
| EMAIL |  |
|   |  |
| SS#/EIN |  |
| DL #, STATE, CLASS |  |
| TYPE OF VEHICLE(SPRINTER, BOX TRUCK, CARGO VAN) |  |
| DOT / MC # |  |
| INSURANCE |  |
| HOW MANY VEHICLES DO YOU HAVE? |  |
| WILL YOU BE SUBCONTRACTING OTHER DRIVERS? (If so, name, phone, email) |  |
|  |  |
| EMERGENCY FILL-IN DRIVER NAME |  |
| EMERGENCY FILL-IN DRIVER PHONE |  |
| EMERGENCY FILL-IN DRIVER EMAIL  |  |
| START DATE AVAILABILITY |  |

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_