BEYOND LOGISTICS

Independent Contractor Driver Application | beyondlogisticsus.com

INDEPENDENT CONTRACTOR DRIVER APPLICATION

FMCSA Driver Qualification Application | 49 CFR Part 391

Completion of this application does not guarantee acceptance, contracting, or assignment. Additional documentation may be required before dispatch or assignment.

Application Type

☐ Independent Contractor Driver ☐ Company Driver ☐ Drive-Away Driver ☐ Carrier Driver ☐ Other: _____

Applicant Information

Full Legal Name	First: _____ Middle: _____ Last: _____
Other Names Used	Maiden name/aliases, if any: _____
Date of Birth	____ / ____ / ____
Social Security Number	_____
Phone / Email	Cell: _____ Other: _____ Email: _____
Current Address	Street: _____
City / State / ZIP	City: _____ State: _____ ZIP: _____
How Long at Current Address?	_____ years / _____ months

Addresses for the Past Three Years

List complete mailing addresses, including street number, city, state, and ZIP code. Attach additional pages if needed.

Street Address	City	State	ZIP	From	To

Driver's License Information

State	License Number	Class / Type	Endorsements	Expiration Date
Current CDL?		☐ Yes ☐ No CDL Class: ☐ A ☐ B ☐ C ☐ N/A		
Restrictions		☐ Yes ☐ No If yes, explain: _____		

Driving Experience and Qualifications

Class of Equipment	Type of Equipment	Date From	Date To	Approx. Miles

Include straight trucks, tractor/semitrailers, buses, vans, RVs, municipal vehicles, drive-away units, and other relevant equipment.

Drive-Away / Vehicle Relocation Experience

Vehicle Types Operated	☐ Box Truck ☐ Cargo Van ☐ Straight Truck ☐ Tractor ☐ Tractor-Trailer ☐ Bus ☐ RV ☐ Motor Coach ☐ Municipal Vehicle ☐ Heavy Equipment ☐ Other:
Years of Drive-Away Experience	
States of Operation	
Average Period of Driving Time	
Type of Operation	☐ Local ☐ Regional ☐ OTR ☐ Team ☐ Relay ☐ Drive-Away ☐ Other:
Years Driving All Vehicles	

Accident Record for the Past Three Years or More

Date	Nature of Accident	Location	Fatalities	Injuries	Hazmat Spill? Y/N

Traffic Convictions and Forfeitures for the Past Three Years

Location	Date	Charge	Penalty
Denied License / Permit?		Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No	
Suspended / Revoked?		Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No	

Employment / Contracting History

List all employment for at least the previous three years. CDL applicants must also list any employer for whom they operated a commercial motor vehicle during the previous ten years. Include complete mailing addresses and explain any employment gaps.

Employer / Contracting Entity	Complete Mailing Address	Phone	Position / Services	From	To	Operated CMV? Y/N	Subject to DOT Testing? Y/N	Reason for Leaving

Employment Gaps

From	To	Reason for Gap

Motor Carrier Safety and Qualification Questions

Age Requirement	Are you at least 21 years of age? ☐ Yes ☐ No
English Proficiency	Can you read and speak English sufficiently to safely perform driver duties? ☐ Yes ☐ No
Medical Qualification	Do you possess a current Medical Examiner's Certificate, if required? ☐ Yes ☐ No ☐ N/A
Road Test / Equivalent	Have you completed a road test or provided an acceptable equivalent? ☐ Yes ☐ No
Current Valid License	Do you have only one valid driver's license issued by one state/jurisdiction? ☐ Yes ☐ No
Disqualification	Are you currently disqualified from operating a commercial motor vehicle? ☐ Yes ☐ No
Drug & Alcohol Testing	Have you ever tested positive, refused a test, or violated DOT drug/alcohol rules? ☐ Yes ☐ No
Explanation	If yes to any disqualifying question, attach a written explanation.

Applicant Authorization for Investigation

I authorize Beyond Logistics, its authorized representatives, and/or designated service providers to investigate my driving record, employment/contracting history, motor vehicle reports, safety performance history, and other information necessary to determine my qualifications to operate as a driver. I understand that required inquiries may include contact with prior employers, licensing agencies, and other sources permitted by law and applicable FMCSA regulations.

MVR / Background / Safety History Consent

I authorize the release of motor vehicle records, safety performance history, and other driver qualification information to Beyond Logistics for purposes of evaluating my eligibility to provide transportation services. I understand that false, incomplete, or misleading information may result in denial, termination of qualification, or removal from driver consideration.

Required Attachments Checklist

☐ Driver's License ☐ Medical Examiner's Certificate, if required ☐ MVR Authorization ☐ PSP / Safety History Authorization, if used ☐ Drug & Alcohol Clearinghouse Consent, if applicable

☐ W-9, if independent contractor ☐ Certificate of Insurance, if applicable ☐ Additional employment sheets, if needed

Independent Contractor Acknowledgment

I understand that this application is used to evaluate driver qualification and eligibility to provide transportation services. If accepted as an independent contractor or driver, I understand that I may be required to execute additional agreements, comply with Beyond Logistics policies and customer requirements, provide requested documentation, and satisfy applicable safety, insurance, qualification, and FMCSA-related requirements before receiving assignments.

Certification of Application

This certifies that this application was completed by me and that all entries and information contained herein are true, complete, and correct to the best of my knowledge. I understand that omissions, false statements, or misrepresentations may result in rejection of this application or termination of any contractor/driver relationship.

Applicant Printed Name	
Applicant Signature	
Date	/ /

Company Use Only

Application Received By	
Date Received	/ /
MVR Requested	☐ Yes ☐ No Date: / /
Prior Employer Inquiries Initiated	☐ Yes ☐ No Date: / /
Clearinghouse Query Completed	☐ Yes ☐ No ☐ N/A Date: / /
DQ File Complete	☐ Yes ☐ No Reviewed By:
Approved for Assignment	☐ Yes ☐ No Date: / /