



From the Desk of Sandy Carlson, Office Manager
Email: sosia@shinnconstructioninc.com

Motor Vehicle Driver's Certificate of Compliance with Driver License Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operated in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than once license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed in that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that anytime you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the state which issued your license). The notification to both the employer and that state must be in writing.

The following license is the only one I will possess:

Driver License Number: _____ State: _____ Expiration: _____

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Printed Name: _____ Date: _____

Driver's Signature: _____



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Driver's Certification of Non-Motor Carrier Compensated Work

NOTICE TO DRIVERS

In accordance with Section 395.2 of the Federal Motor Carrier Safety Regulations, Title 49 of the Code of Federal Regulations, as amended in an as "on-duty" time a driver spends: "performing any compensated work for the any non-motor carrier entity."

Driver's Certification of Non-Motor Carrier Compensated Work

I hereby certify that I have read the foregoing "Notice to Drivers" and understand that nay time I spend performing any compensated work for a non-motor carrier entity must be included as "on-duty" time under the Federal Hours of Service Regulations.

I hereby certify that: (Check the appropriate box)

- Currently I am not performing any compensated work for any non-motor carrier entity; In the event that I do perform work for any non-motor carrier entity for which I have been or will be compensated that I will immediately notify Shinn Construction, Inc. that such work has been or will be performed and will provide details on the nature of that work.

- I am performing work for a non-motor carrier entity for which I am being or will be compensated and have or will provide details about the nature of that work to Shinn Construction, Inc.

Driver's Printed Name: _____ Date: _____

Driver's Signature: _____



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CDL State of Residence Certification

I understand that under Federal Motor Carrier Safety Regulations I am required to hold a CDL in the state which I am currently a resident.

I also understand that I will not be able to drive a vehicle owned by or leased to Shinn Construction, Inc., until I have a CDL in the state which I reside. If I should move to another state, I understand that I have 15 days to change my license to my new state of residence.

(Please check one)

- I certify that I currently hold a CDL in the state which I reside. If at any time in the future, I should move to another state, I will obtain a CDL in my new state of residence and will provide Shinn Construction, Inc. a copy of my new license.

- I certify that I do not hold a CDL in the state which I reside and will obtain a CDL in the state which I reside before I will be considered qualified to drive a vehicle owned by or leased to Shinn Construction, Inc.

Driver's Printed Name: _____

Date: _____

Driver's Signature: _____



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Pre-Employment Drug Testing Notification and Consent

I understand as required by the Federal Motor Carrier Safety Regulations, 49 CFR Part 391.103 and Shinn Construction, Inc. company policy, all Prospective drivers must submit to a controlled substance test, involving the collection of a urine sample which will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

I understand that if I test positive for the use of any controlled substances, I am not medically qualified to operate a commercial motor vehicle in interstate commerce. I also understand that I will be given a reasonable opportunity to confer with Shinn Construction, Inc.'s Medical Review Officer before any positive test result is reported to Shinn Construction, Inc.

The result of the substance abuse screening will be maintained by the Medical Review Officer for the Company who will report whether the test result was negative or positive to Shinn Construction, Inc. The Medical Review officer or Shinn Construction, Inc. may also release to my examining physician in connection with my DOT required physical. The results of the substance abuse screen will not be released to any additional parties without my written authorization.

I hereby agree to submit to a urine drug test.

Driver's Printed Name: _____

Date: _____

Driver's Signature: _____



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Insurance Probation

I understand that I have been placed on a 6-month probationary period, and that any subsequent moving violations will result in my driving record being deemed uninsurable by the insurance company and my lease with Shinn Construction, Inc. will be terminated. I also understand that after the probationary period expires, that I will be required to maintain insurance eligibility.

Company policy states that each contractor after the 6 month probationary period must maintain insurance eligibility. If at any time I am considered uninsurable, or required to file SR-22 high risk insurance, my lease with Shinn Construction, Inc. will be terminated.

I have read the insurance probation policy and understand that my lease with Shinn Construction, Inc. may be terminated if I receive any tickets during the probationary period, or if during the course of my lease I am deemed as uninsurable by the insurance company, or required to file SR-22 insurance.

No Rider Policy

I certify that I have received a copy of the Company Handbook and I have reviewed the no rider policy and understand the consequences. I agree to comply with the rules and requirements of the no rider policy.

I understand that failure to honor the terms of this policy can result in suspension or termination of my lease with Shinn Construction, Inc.

Lease less than 90 days

I understand that if my lease with Shinn Construction, Inc. is for less than 90 days, that the expenses incurred by Shinn Construction, Inc. for pre-employment drug screening, DOT physical, any tickets, any advances, the cost of training, the cost of decals and the administrative costs associated with leasing to Shinn Construction, Inc., not limited to but including T-Chek advances and any other charges, or any other expenses incurred, by me or any of my representatives will be deducted from my last settlement.

Driver's Printed Name: _____ Date: _____

Driver's Signature: _____



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Driver’s Log and Off Duty Hours Instructions for Logging Downtime

The following explains how to properly log “Off Duty Hours”

Stopping for Meals:

It is the motor carrier’s choice whether the driver shall record stops made during a tour of duty as off duty time. However, motor carriers may permit drivers to make the decision as to how the time will be recorded. (Official Guidance 395.2) time for stops recorded as off-duty must still comply with FMCSA definitions and regulations as defined in Part 395.

Waiting to be Dispatched:

The time that a driver is free from obligations to the employer and is able to use that time to secure appropriate rest may be recorded as off duty time. The fact that a driver must also be available to receive a call in the event the driver is needed at work, even under the threat of discipline for non-availability, does not by itself impair the ability of the driver to use this time for rest. (Official Guidance 395.2).

The following requirements must be met in order to log off-duty hours for the items above:

Pursuant to Part 392, of the Federal Motor Carrier Safety Regulations, the vehicle must be stopped, meaning the vehicle is to be parked on a lot, street, or truck parking area, with the brakes applied to prevent any movement.

During such time, as the above requirements have been met, the driver is no longer responsible for the vehicle, its accessories, or such cargo as may be loaded at the time. The driver is free to leave the vehicle for personal activities for the duration of the stop.

Note: Off-Duty Release from Responsibility does not relieve the driver of the duties brought about by transporting hazardous materials pursuant to the Federal Motor Carrier Safety Regulations Part 397.

By signing below, I acknowledge that I understand the guidelines above and will not construe them beyond intent. I further agree to know and comply with the Federal Motor Carrier Safety Regulations, particularly Parts 391, 392, 396 and 397. I have been provided a copy pf the above instructions to keep while driving.

Driver’s Printed Name: _____ Date: _____

Driver’s Signature: _____



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Annual Review of Driving Record

Name of Driver: _____

Address: _____
Number & Street City State Zip

Social Security Number: _____ Date of Hire: _____

INSTRUCTIONS TO CARRIER: Review the driving record of the employee in accordance with Section 391.25 and as outlined below. Complete the Certificate of Review as listed.

In accordance with the Department of Transportation Section 391.25 a motor carrier shall, at least every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

Certificate of Review

I have hereby reviewed the driving record of the above mentioned driver in accordance with Section 391.25 and find that (check one):

- Meets the minimum requirements for safe driving.
- Is disqualified to drive a motor vehicle pursuant to Section 391.15.
- Does not adequately meet satisfactory driving performance.

If driver does not meet minimum requirements please explain: _____

List action taken: _____

Date Reviewed: _____ Person Who Conducted Review: _____

RETAIN THIS RECORD FOR THREE (3) YEARS FROM THE DATE OF EXECUTION (Section 391.5(h)(2),(3))



From the Desk of Sandy Carlson, Office Manager
Email: sosia@shinnconstructioninc.com

Motor Vehicle Driver's Certificate of Violations

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months. (Section 391.27).

Drivers who have provided information required by section 383.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify. (Section 391.27).

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

IF NONE STATE NONE:

Date	Offense	Location	Type of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those provided under part 383) required to be listed during the last 12 months.

Driver Printed Name: _____ SSN: _____

CDL Number: _____ State: _____ Expiration: _____

Date of Certification: _____ Driver's Signature: _____

Motor Carrier: [Shinn Construction, Inc.](#) Address: [7307 160th Street ♦ Albia, IA 52531](#)

Signature of Reviewer: _____ Title: _____

RETAIN THIS RECORD FOR THREE (3) YEARS FROM THE DATE OF EXECUTION (Section 391.51(h)(3))



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**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Section 40.25 (j). As the employer, you must also ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years. If the employee admits that he/she had a positive test or a refusal to test, you must use the employee to perform safety sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Section 40.25 (b)(5) and (e)).

Company Name: Shinn Construction, Inc.
Street Address: 7307 160th Street
City, State, Zip: Albia, IA 52531

Prospective Employee Printed Name:

Driver ID Number:

The prospective employee is required by Section 40.25(j) to respond to the following questions:

1). Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years:

Check one: Yes No

2). If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return –to-duty requirements?

Check one: Yes No

Prospective Employee Signature:

Date:

Witnessed By Signature:

Date:



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Substance Abuse Policy Certificate of Receipt

I certify that I have read, understand and received a copy of the policy implemented by Shinn Construction, Inc. on Substance Abuse. By accepting a lease with Shinn Construction, Inc., I consent to submit to substance abuse screening. I agree to comply with all of the requirements of the Federal Motor Carrier Safety Regulations, and any other Federal, State and Local Laws or rules. I understand that failure to comply with the terms of the Substance Abuse Policy that has been implemented by Shinn Construction, Inc. is grounds for termination of my lease or my application for employment with Shinn Construction, Inc.

Written Statement of Employee Assistance Program

Pursuant to DOT Regulations: Shinn Construction, Inc., has established its Employee Assistance Program (EAP) which consists of education and training for drivers, supervisors and company officials. The EAP addresses the following:

1. The effects and consequences of controlled substance use on personal health, safety and the work environment.
2. The manifestations and behavioral causes that may indicate controlled substance use or abuse.

Shinn Construction, Inc.'s training sessions will last, at a minimum of 60 minutes and will be given to all new and existing drivers as soon as practically possible. All drivers, supervisors and company officials will be required to attend the education and training programs provided to them and to certify they have done so. The company's EAP will be provided on a regular basis, but at least annually.

Driver's Signature:

Date:

Company Representative:

Date:



Election of Worker’s Compensation Insurance

The Worker’s Compensation Law of the State of Iowa now allows an individual employer, partner or self-employed person who is actually engaged in the individual employer’s, partnerships or self-employed person’s business on a substantially full-time basis to elect to bring himself or herself with the provisions of Chapter 85.61 of the Iowa Code.

Therefore, if you are:

1. A substantially full-time, self employed person with or without employees; or
2. A substantially full-time partner with or without employees, you may elect to be covered under the Iowa Worker’s Compensation Act.

It is imperative that you complete this form and return to your agent immediately.

ACCEPTANCE

I hereby elect to be covered under the Worker’s Compensation Act of the State of Iowa and be charged the appropriate premium. This is not a binder of coverage. This election shall be effective from the date of receipt by insurer.

Date:

Name: _____

Address: _____

City, State, Zip: _____

DBA Name: _____

Signature: _____

REJECTION

I hereby reject this coverage

Date:

Name: _____

Address: _____

City, State, Zip: _____

DBA Name: _____

Signature: _____



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Worker's Compensation Election Part 2

A. No, I do not have worker's compensation insurance coverage and I will assume full responsibility for not having such insurance in place.

Signed By: _____

Date: _____

Printed Name: _____

B. Yes, I do have worker's compensation insurance coverage and will provide Shinn Construction, Inc. with a certificate of such insurance.

Signed By: _____

Date: _____

Printed Name: _____

NOTE: Any sub-contractor and or owner-operator, who has employees, will be required to provide Shinn Construction, Inc. with proof of their worker's compensation insurance for any and all employees that they may have. Their worker's compensation coverage must meet the requirements of their state of business. Shinn Construction, Inc. must be named as a certificate holder on said worker's compensation certificate and there must be a hold harmless clause stated on the certificate provided.

I have read and understand these conditions, and I understand that if I have at any time any employees, I will be required to have a legal policy in place for worker's compensation insurance.

I have employees: Yes No

Signed By:

Date:

Company Official:

Date:

Printed Name & Title:



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Equipment Maintenance Policy

I understand that as an owner operator, I am responsible for the maintenance of the equipment I have leased to Shinn Construction, Inc. I also understand that I am responsible for returning any equipment owned by Shinn Construction, Inc. to the designated terminal for any repairs and maintenance to keep the equipment owned by Shinn Construction, Inc. in good working order and free of defects as noted in the Federal Motor Carrier Safety Regulations.

I further understand that I am required to keep any and all equipment owned or leased by me in good working order, free of defects, as outlined in the Federal Motor Carrier Safety Regulations. I understand that I am required to submit a monthly report on any and all equipment that I have leased to Shinn Construction, Inc. noting any and all repairs and maintenance to my equipment. I further understand that I am required to turn in a copy of all repairs done by outside vendors to Shinn Construction, Inc. with my monthly reports, and failure to do so will result in termination of my lease.

I agree to keep all of my equipment in proper operating condition in accordance with the Federal Motor Carrier Safety Regulations. I understand that I am required to submit any and all driver vehicle inspection reports to Shinn Construction, Inc. immediately, and that any serious violations will result in the termination of my lease with Shinn Construction, Inc.

Owners Signature:

Date:

Company Official Signature:

Date:



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Email: sosia@shinnconstructioninc.com

No Compete Clause

Being an owner operator leased to Shinn Construction, Inc. or the driver of any vehicle leased to Shinn Construction, Inc., agree not to solicit the shipper, receiver, owner, consignee or agent for the transportation of any cargo the Lessor hauled or became aware of while leased to Shinn Construction, Inc. This shall be effective for the duration of the lease and for a period of two (2) years from the termination of the lease, by the Lessor or Lessee.

Hauling Agreement

While performing services for Shinn Construction, Inc., you agree that you are acting as an INDEPENDENT CONTRACTOR. The definition of an Independent Contractor is one who is an owner operator, who as an individual or partner owns a vehicle licensed and registered as a truck, road tractor or truck tractor by a government agency, is an independent contractor, while performing services in the operation of the owner operator's vehicle when:

1. The owner operator is responsible for the maintenance of the vehicle.
2. The owner operator bears the principal burden of the vehicle's operating costs, including fuel, repairs, supplies, physical damage insurance and personal expenses for the operator while on the road.
3. The owner operator is responsible for supplying the necessary personnel to operate the vehicle, and the personnel are considered the owner operator's employees.
4. The owner operator's compensation will be determined on factors related to the work performed, i.e. rate per ton/mile, flat rate, or other rates as determined on factors related to the work.
5. The owner operator will determine the details and means of performing the services, in conformance with regulatory requirements, operating procedures of the carrier and specifications of the shipper and/or receiver.
6. The owner operator will maintain and provide a certificate of insurance, including worker's compensation insurance along with bodily injury and property damage to the carrier.

Owner: _____
 Address: _____
 City, State, Zip: _____
 Signed By: _____
 Title: _____
 Date: _____

Lessee: Shinn Construction, Inc.
 Address: 7307 160th Street
 City, State, Zip: Albia, IA 52531
 Signed By: _____
 Title: _____
 Date: _____



From the Desk of Sandy Carlson, Office Manager
Email: sosia@shinnconstructioninc.com

Brake Inspector Certification

Printed Name of Brake Inspector

Date

396.25 Qualifications of brake inspectors

(a) The motor carrier shall ensure that all inspections, maintenance, repairs or service to the brakes of commercial motor vehicle, are performed in compliance with the requirements of this section.

(b) For purposes of this section, "Brake Inspector" means any employee of a motor carrier who is responsible for ensuring all brake inspections, maintenance, service or repairs to any commercial motor vehicle, subject to motor carrier's control, meet the applicable Federal Standards.

(c) no motor carrier shall require or permit any employee who does not meet the minimum brake inspector qualifications of §396.25(d) to be responsible for the inspection, maintenance, service or repairs of any brakes on its commercial motor vehicles.

(d) The motor carrier shall ensure that each brake inspector is qualified.

I AM A QUALIFIED BRAKE INSPECTION BASED ON THE FOLLOWING:

- _____
 (1) I understand the brake service or inspection task to be accomplished and can perform that task: and
- _____
 (2) I am knowledgeable of and have mastered the methods, procedures, tools and equipment used when performing an assigned brake service or inspection task.
- _____
 (3) I am capable of performing the assigned brake service or inspection by reason of experience, training or both as follows:

- a. I have successfully completed an apprenticeship program sponsored by a State, a Canadian Province, a Federal Agency or a labor union, or a training program approved by a State, Provincial or Federal agency, or have a certificate from a State or Canadian Province which qualified me to perform the assigned brake service or inspection task (including passage of Commercial Driver License air brake tests in the case of a brake inspection)

Name of Program or Certificate: _____

- b. I have brake related training or experience or a combination thereof totaling at least one (1) year. Such training or experience shall consist of:
- i. Participation in a training program sponsored by a brake or vehicle manufacturer or a similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspections:

Name of Program or Certificate: _____

- c. Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier maintenance program:

Name of Employer: _____ How Long?: _____

- d. Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task at a commercial garage, fleet leasing company or similar facility.

Name of Employer: _____ How Long?: _____

Signature of Brake Inspector: _____

Date: _____

Signature of Company Official: _____

Title: _____