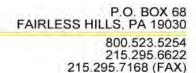


SIGN ON CHECKLIST

Tryon Trucking, Inc. Box 68, Fairless Hills, PA 19030

DRIVER:	
SIGN ON DATE:	OWNER:
DRIVER QUALIFICATION PAPERWORK	
ACKNOWLEDGEMENT FORM	
INSURANCE DEDUCTIBLE FOR CAR	GO CLAIMS & ACCIDENTS
CERTIFICATE OF COMPLIANCE WITH	H DRIVER LICENSE REQUIREMENTS
COPY OF CURRENT CDL & MEDICAL	L CERTIFICATE
W-9 TAX ID CERTIFICATION	
ESCROW FUND	
UNAUTHORIZED PASSENGER POLIC	CY
FOLLOWING DISTANCE POLICY	
FATIGUE AWARENESS POLICY	
CERTIFICATE OF RECEIPT OF DRUG	G & ALCOHOL POLICY
CSA SERIOUS ROADSIDE VIOLATIO	N INFRACTION PENALTY SCHEDULE
ACCIDENT REPORTING POLICY & ACC	CCIDENT KIT
ROAD TEST CERTIFICATION	
TRACTOR AND TRAILER PAPERWORK	
COPY OF TRACTOR & TRAILER REG	SISTRATIONS
NEWLY COMPLETED FEDERAL ANN	IUAL INSPECTION FOR TRACTOR & TRAILER
COMPLETED AND SIGNED LEASED	AGREEMENT
BOBTAIL / DEADHEAD (NON-TRUCKI	ING) INSURANCE
PHYSICAL DAMAGE INSURANCE (Ad	dditional cost) Yes No
Must Contact Karl Rother in Morrisville	e, for rates and implementation of policy.
COMDATA CARD #:	IFTA #:
	NEW MEXICO PERMIT: Yes No
TEXAS INTRASTATE PERMIT: Yes	No





ACKNOWLEDGMENT FORM

Driver Handbook & Maintenance Policy

I have received and read the Equipment Inspection and Maintenance Policy along with Tryon's Driver Safety Manual. I understand that the information within both of these documents is important to my success as a professional driver in my new position with the company. I am expected to follow the policies presented and will be held responsible for the proper performance of my duties.

Driver's Receipt of FMCSR Pocketbook

I have received the issue of the FMCSR Pocketbook that includes all revisions issued on or before January 1, 2012. I acknowledge receipt of this Federal Motor Carrier Safety Regulations Pocketbook. In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the US Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations.

Driver Name	Tryon Representative
Signature	Signature
Date	Date

Form W-9 (Rev. December 2014) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

	1 N	ame (as shown on your income tax return). Name is required on this line; do not leave this line blank.										
ge 2.	2 B	usiness name/disregarded entity name, if different from above										
/pe ions on pag	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate Exemptions (codes apply of certain entitities, not individuals instructions on page 3): Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate Exemptions (codes apply of certain entitities, not individuals instructions on page 3): Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. Other (see instructions) Other (see instructions) 5 Address (number, street, and apt. or suite no.) 6 City, state, and ZIP code Requester's name and address (optional)											
single-member LLC Limited liability company. Enter the tax classification (C=C corporation, P=partnership) - Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. Other (see instructions) - Exempt payee code (if any) Exempt payee code (if any) Exempt payee code (if any) (Applies to accounts maintained outside the second code (if any) (Applies to accounts maintained outside the second code (if any)					orting							
ri In		Other (see instructions) >				- 1			_	ntained	outside	the U.S.)
Pecific	5 A	ddress (number, street, and apt. or suite no.)	Reques	ter's	nam	e and	addre	ess (option	nal)		
See S	6 C	ity, state, and ZIP code										
	7 L	st account number(s) here (optional)										
Par	t I	Taxpayer Identification Number (TIN)										
Enter	your	TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	oid	So	cial s	secur	ity nu	mbe	r			
		hholding. For individuals, this is generally your social security number (SSN). However, for										
		en, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other s your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>					-		- -	-		
TIN or				or	-		_	-		-		
		e account is in more than one name, see the instructions for line 1 and the chart on page	4 for	Em	ploy	er ide	er identification number					
		on whose number to enter.										
						-						
Part	Ш	Certification								_		
Under	pen	alties of perjury, I certify that:										
1. The	e nur	nber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	er to	be	issue	ed to	me)	; and			
Se	rvice	t subject to backup withholding because: (a) I am exempt from backup withholding, or (b (IRS) that I am subject to backup withholding as a result of a failure to report all interest or er subject to backup withholding; and										
3. I ar	mal	J.S. citizen or other U.S. person (defined below); and										
4. The	FAT	CA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is corr	ect.								
becau interes genera instruc	se yo st pa ally, p ctions	on instructions. You must cross out item 2 above if you have been notified by the IRS the purple have failed to report all interest and dividends on your tax return. For real estate transition, acquisition or abandonment of secured property, cancellation of debt, contributions to be ayments other than interest and dividends, you are not required to sign the certification, is on page 3.	actions, o an indi	item vidu	2 d al re	oes r etiren	not a _l nent a	pply arrai	. For	mort ent (gage IRA),	and
Sign Here		Signature of U.S. person - Da	ate -									

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), $\,$
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Cat. No. 10231X Form **W-9** (Rev. 12-2014)

INSURANCE DEDUCTIBLE ACCIDENTS & CARGO CLAIMS

Accident Deductible

Effective 1/1/2016 there will be a \$1,750 deductible applied to the owner operator if the insurance carrier accepts liability. This deductible will also include the rental and leased equipment which you have in possession at the time of accident.

Cargo Claims

Effective 1/1/2016 in regards to any instance involving a cargo claim the owner operator will be held responsible. The owner operator will be subject to a deductible amount total of \$1,750 for the cargo claim.

Driver Name	Tryon Representative				
Signature	Signature				
Date	Date				

ESCROW FUND

	ehicle identification number (vin)ed below owner shall be required to deposit with the
carrier as Escrow Funds the sum	n of one thousand dollars (\$1000) which may be applied
	wing items: Cargo Claims, Fuel Decals / Mileage Taxes
and other Charge-back items, ar	nd return of Carrier Property at time of termination.
settlement sheet between own accounting from carrier of transa are under control of carrier, carrier quarterly basis in accordance v	or all transactions involving said escrow funds on each ter and carrier. Owner has the right to demand an actions involving said escrow fund. While escrow funds rier shall pay interest on the escrow fund at least on a with 49 CFR 376.12. For purposes of calculating the which interest must be paid, the carrier may deduct a
time for which interest is paid. make all proper deductions from owner of all final deductions from	nce made to the individual lessor during the period of At time of termination of this agreement, carrier shall m said escrow funds and make a final accounting to om said escrow funds and return the balance of said rty (30) days of the termination of this agreement.
 Date	Driver's Signature
	 Driver's Name (printed)
Date	Tryon Representative

UNAUTHORIZED PASSENGER POLICY

While large commercial transportation firms can and do authorize co-drivers or team drivers to share in the driving responsibility, most trucking firms do not allow any unauthorized passengers in the cab while driving. The US Department of Transportation (DOT) and Federal Motor Carrier Safety Administration address unauthorized passengers in Subpart G, Prohibited Practices – CFR 392.60 Unauthorized Person Not to Be Transported. Under federal safety rules for commercial motor vehicles (CMVs), passengers are not allowed on CMVs (except buses) unless they are specifically authorized by the motor carrier. As for Tryon Trucking it is going to be our company policy that there will be no authorization made for any passengers. No passengers will be allowed in trucks operating under the authority of Tryon Trucking.

Allowing unauthorized passengers is also becoming a serious liability exposure with owner operators. This group may not understand the serious nature of bringing along an unauthorized passenger. Whether it's on their next long haul trip or a ride with the family to the local grocery store, this practice increases their liability exposure tremendously. If the owner/operator becomes involved in a vehicle accident with an unauthorized passenger in the cab it increases the liability of the driver. The driver becomes liable for his/her actions and for the injuries sustained to the passenger. Should the unauthorized passenger become injured, the insurance coverage for their injuries may not be available, depending on the circumstances surrounding the accident.

Driver's Name Printed:	
Driver's Signature:	Date:

FOLLOWING DISTANCE POLICY

Tryon Trucking's commercial vehicle drivers are responsible for driving tractor-trailer and hotshot combinations that weigh up to 80,000 lbs. or more. We are dedicated to highway safety and accident prevention. A greater following distance may mean the difference between life and death. Tailgating, whether done unconsciously or negligently, is responsible for approximately one-third of rear-end collisions. The Safe Following Distance Policy applies to all drivers who are leased on to Tryon Trucking.

The best method for determining a safe following distance is to follow the "Six-Second Rule". Effective immediately all divers are required to abide by the conditions indicated:

- ➤ DAY-TIME with good conditions (dry roads, low traffic volume): Practice the sixsecond rule. Select a fixed object on the road ahead (sign, tree, etc.) and start counting when the vehicle ahead passes the object (one one-thousand, two onethousand six one-thousand). The objective is to maintain a distance whereby the object is reached exactly (or greater than) six seconds after the vehicle passed it. Reaching the object before finishing the count indicates following too closely.
- NIGHT-TIME or DAY-TIME with bad conditions (heavy traffic, rain, fog, snow): Double the six-second rule for added safety.
- In rush-hour traffic, it is recommended by professional drivers to drive 3-5mph slower than the flow of traffic. This practice allows other vehicles to pull away from you, increasing the following distance. It is impossible and certainly unsafe to keep other vehicles out of your lane. Driving a bit slower is the best technique to practice in your goal of protecting other motorists.

The most important element in a successful trucking operation is safety. No load is so important that any driver should endanger him/herself or any other person. Rear-end collisions are often the most severe and costly vehicle accident exposures our company will encounter. We are committed to reducing both the frequency and severity of rear-end type crashes. Following the six-second rule (and doubling at night and in bad weather conditions) will help to provide the proper distance and response time to prevent potential collisions.

As with any of our company safety policies, failure to follow this policy will result in disciplinary action up to and including termination. Should you have any questions, please contact the Safety Department.

> Please drive as if your family was in the vehicle ahead of you! It is your

responsibility to "protect" other motorists on our highways.						
 Date	Driver's Signature					

FATIGUE AWARENESS POLICY

It shall be the policy of Tryon Trucking, Inc. that the following program is instituted concerning general awareness of driver fatigue:

- ➤ All independent contractor drivers hired by our company shall be given instruction during initial orientation on the causes and results of driver fatigue. This training shall also include methods for identifying, avoiding and dealing with driver fatigue as it relates to our operation.
- At least twice a year driver fatigue shall be the topic of safety meetings, which are attended by each independent contractor driver.

Our company shall dispatch drivers in a manner, which reduces driver fatigue by controlling and monitoring driver use and availability. This system shall be computer based and proactive in nature.

Dispatch and operational personnel shall be required to interact with drivers throughout the day and note the condition of any driver showing signs of driver fatigue. Such a noted driver shall be removed from driving duty until the agent or operational personnel satisfies him/herself that the driver is alert and cleared for continued duty.

Driver Name	Tryon Representative
Driver Signature	Signature
Date	Date

CERTIFICATE OF RECEIPT OF DRUG & ALCOHOL POLICY

I have received a copy of Tryon Trucking, Inc. controlled substances and alcohol policies and procedures, including the addendum on compensation of testing fees.

Date	Driver's Signature
	Driver's Name (printed)
	Dirvoi o Italiio (printou)
	Tryon Trucking Representative

ROADSIDE INSPECTION VIOLATION PENALTY SCHEDULE

CSA 2010 Compliance and Enforcement Program

Comprehensive Safety Analysis 2010's (CSA 2010) measurement system groups' safety performance data into the following six categories called BASIC's – Behavioral Analysis Safety Improvement Categories:

(1) Unsafe Driving, (2) Fatigued Driving, (3) Driver Fitness, (4) Controlled Substances/Alcohol, (5) Vehicle Maintenance, (6) Crash Indicator

To address each of these categories, Tryon Trucking, has defined and implemented the following corrective actions:

If a qualified independent contractor driver receives an infraction for a CSA serious roadside violation with a severity factor of seven (7) or greater the driver will be subject to the following fine schedule:

1st Offense - \$75.00 penalty and contact with the safety department

2nd Offense - \$150.00 penalty and conference call with agent and safety director

3rd Offense - \$250.00 penalty and mandatory hearing review

Note: Infractions are counted if they are written as warnings or tickets identified during a write up on a DOT inspection. Once 12 months has elapsed from the roadside infraction date the infraction will no longer be counted against any further roadside inspection infractions.

Examples of such infractions would be log book not current, driving after the 14th hour on duty, driving more than 11 hours, failure to take 30 minute break, driving while suspended, failure to have medical certificate on person. These are just a few of the serious roadside infractions.

Date	Driver's Signature
	Driver's Name (printed)
	Tryon Trucking Representative

Revised January 2016

ACCIDENT REPORTING POLICY

ANY ACCIDENT MUST BE REPORTED <u>IMMEDIATELY</u> TO THE SAFETY DEPARTMENT OF TRYON TRUCKING, REGARDLESS OF HOW MINOR IT MAY APPEAR.

FAILURE TO REPORT AN ACCIDENT WILL RESULT IN A \$250.00 PENALTY AND MAY RESULT IN THE TERMINATION OF THE INDEPENDENT CONTRACTOR LEASE.

DURING NORMAL BUSINESS HOURS (MONDAY - FRIDAY 8:00AM TO 5:30PM)

CALL AND ASK FOR AT:

KARL ROTHER1-800-523-5254 Ext. 113MIKE CHRISTENSEN1-215-295-6622 Ext. 124JOHN POPOWICH1-215-295-6622 Ext. 121

DURING OFF HOURS CALL KARL ROTHER (IN THIS ORDER)

1. KARL CELL # 1-215-620-9800 2. KARL HOME # 1-215-741-1788

- ▶ BE SURE YOU HAVE WITHIN YOUR TRUCK AN ECBM ACCIDENT KIT WHICH INCLUDES A CAMERA AND ACCIDENT REPORT FORM. INSERTED ON THE TOP OF THE ACCIDENT KIT IS A FLIP CARD WHICH CONTAINS INSTRUCTIONS ON WHAT TO DO IN CASE OF ACCIDENT.
- IN ADDITION ENSURE THERE IS A POST ACCIDENT DRUG & ALCOHOL CHAIN OF CUSTODY FORM WITH A FEDEX SHIPPING LABEL WITHIN YOUR TRUCK AT ALL TIMES.

Driver's Signature:	Date:

ROADSIDE INSPECTION REWARD

Safety has implemented new reward levels for clean roadside inspections.

- Level 1 Inspection (Full) with no violations \$150.00
- Level 2 Inspection (Walk Around) with no violations \$100.00
- Level 3 Inspection (Driver) with no violations \$50.00

We are striving to lower the CSA scores as it is important to everyone for a variety of reasons. Primarily it lowers the number of times that you will get pulled over by the D.O.T.

Remember these important items if you are pulled over for a roadside inspection:

MOST IMPORTANT ITEM IS TO ALWAYS HAVE YOUR LOGBOOK CURRENT AND THE PREVIOUS SEVEN DAYS WITH YOU, THIS IS THE FIRST ITEM THEY LOOK AT.

- Be organized, have all of your paperwork ready (CDL, Medical Certificate, Vehicle registration and inspections).
- Make sure your truck has been maintained, especially tires, brakes and lights. These are the most common violations that Tryon drivers are cited for. (Always do a pre-trip inspection).
- Make sure if a violation is not found that you get a roadside showing this. In some cases, the officer will let you go without issuing a report.
 We want one if it is clean.

PLEASE REMEMBER: All roadsides need to be logged at the appropriate time, on-duty not driving. If there are equipment violations, we will need to have the PM inspection and any receipts showing these repairs were made.



Certification of Road Test

Driver's Name:			
(Social Security Number)	(Operators	or Chauffeurs License Number)	State
Type of Power Unit:		Type of Trailer(s)	
If passenger carrier, type of bu	ıs:		_
This is to certify that the abo	ove named dri	ver was given a road test under n	ny
supervision on:	, 20 <u></u>	consisting of approximately	miles
of driving.			
It is considered opinion that	this driver po	ssesses sufficient driving skill to o	perate safely
the type of commercial mot	or vehicle liste	ed above.	
(Signature of	f Examiner)	(Tit	le)
	Organization an	d Address of Examiner)	

EQUIVALENT OF ROAD TEST FOR CDL DRIVERS

§391.33 Equivalent of road test.

- a) In place of, and as equivalent to, the road test required by §391.31, a person who seeks to drive a motor vehicle may present, and a motor carrier may accept -
 - A valid operator's license which has been issued to him by a State that licenses drivers to
 operate specific categories of motor vehicles and which, under the laws of that State, licenses
 him after successful completion of a road test in a motor vehicle of the type the motor carrier
 intends to assign to him; or
 - 2) A copy of a valid certificate of driver's road test issued to him pursuant to §391.31 within the preceding 3 years.
- b) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver's qualification file.
- c) A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his driving skill as a condition to his employment as a driver.