

NELLO PISTORESINI & SON INC.

OWNER/OPERATOR APPLICATION

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Voice: (509)865-2141
6572

Toppenish, WA 98948
ricardo@nellopistoresini.com

Post Office Box 432
Fax: (509)865-

Applicant: Please read and sign this statement before submitting this application:

I understand that the information provided in this application will be used to check my background and work history. You are required to have your own authority and be a part of a USDOT drug & alcohol testing program either independently or through a consortium. The information you provide will be used to contact previous employers/brokers/freight forwarders for purposes of investigation.

I understand that I have certain due process rights that include the right to have corrected an erroneous Performance and Background History per 391.23(j)(1). If a previous reference refuses to correct the erroneous Performance and Background History, the owner/operator may send a rebuttal per 391.23(j)(3). This rebuttal shall be attached to the previous broker's files for the driver so that it is included in any further requests for performance history information and provide a copy to NP&S.

Yes No Do you operate under the Federal Motor Carrier Safety Regulations as an owner/operator?

Yes No Do you participate in a drug and alcohol testing program as required in 49 CFR Part 40?

Please Print Clearly

Name of Owner/Operator or Company Officer _____ Date _____

Signature of Owner/Operator or Company Officer _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

This company operates in the Northwest Region WA, OR, ID. US Dot and MC Authority and Oregon State File Number are required.

USDOT # _____ MC # _____ ODOT FILE # _____

Company Name _____

Taxpayer or Employer Identification Number _____

Mailing Address _____
Number or PO BOX Street City State Zip

Location Address _____
Number Street City State Zip

Telephone Numbers () () ()
Business Number Cell Number Other Contact Number

As an owner/operator, do you have the legal right to work in the United States? Yes No
(Proof Required)

N P & S INC REFERENCE

Have you worked for N P & S, INC before?

Dates: From _____ to _____.
Month/Year Month/Year

Reason for Leaving _____

GENERAL INFORMATION

Who referred you? _____ Rate of pay expected _____

OWNER/OPERATOR APPLICANT MUST READ AND SIGN:

I certify that I have read and understood this application. I agree and understand that I am authorizing N P & S, INC to investigate my background in order to check any and all information concerning my employment history, whether included in this application or not. I release N P & S, INC., and all previous brokers contacted by N P & S, INC. from all liability for any damages, real or imagined, as a result of providing information as a part of the application process. As an Owner/Operator with N P & S, INC., I certify that the drivers employed by me or my company are capable of performing the tasks required by the job. I certify that a Department of Transportation drug and alcohol screening program is in place for myself or my company.

I further certify that I am a genuine applicant as an Owner/Operator and this application is being submitted solely for the purpose of seeking to receive freight forwarded loads from N P & S, INC. and for no other reason.

I agree to furnish all additional information as may be required to complete my application file.

I also understand that misrepresentation or omission of information or pertinent facts may result in the rejection of this application or dismissal.

If accepted as an Owner/Operator, I agree to abide by all the rules of the FMCSR, the rules and policies of N P & S, INC., and to instruct my drivers to follow all instructions of the dispatchers and senior managers of this company

I certify that I, myself, or my company carry the following minimum required insurance coverages:

- \$1,000,000 auto liability with N P & S, INC. listed as "Additional Insured."
- \$ 175,000 cargo loss with "Broad Form Cargo" coverage including "Reefer Breakdown" coverage.
- \$ 35,000 non-owned trailer including "Comprehensive and Collision" coverage. N P & S, INC must be included as an "Additional Insured."

My signature below certifies that all entries on this application and information in it are true, complete, and accurate to the best of my knowledge.

Signature of Owner/Operator or Company Officer

_____/_____
SIGNATURE DATE

**OWNER/OPERATOR , BROKER, or FREIGHT FORWARDING
HISTORY & BUSINESS REFERENCES**

List all present and past brokers, beginning with the most recent. List all truck driving jobs back ten (10) years before becoming an Owner/Operator.

1. _____ / _____ / _____
Company Name Date From Date To

Address City State Zip

Business Phone No. FAX Phone No. Other Phone No.
Reason for Leaving _____
Broker Pay _____

NOTES:

2. _____ / _____ / _____
Company Name Date From Date To

Address City State Zip

Business Phone No. FAX Phone No. Other Phone No.
Reason for Leaving _____
Broker Pay _____

NOTES:

3. _____ / _____ / _____
Company Name Date From Date To

Address City State Zip

Business Phone No. FAX Phone No. Other Phone No.
Reason for Leaving _____
Broker Pay _____

NOTES:

4. _____ / _____ / _____
Company Name Date From Date To

Address City State Zip

Business Phone No. FAX Phone No. Other Phone No.
Reason for Leaving _____
Broker Pay _____

PERSONAL REFERENCES

1. _____
Name Relationship

Address City State Zip

Business Phone No. FAX Phone No. Home Phone No.

NOTES:

2. _____
Name Relationship

Address City State Zip

Business Phone No. FAX Phone No. Home Phone No.

NOTES:

3. _____
Name Relationship

Address City State Zip

Business Phone No. FAX Phone No. Home Phone No.

NOTES: