



Independent Truckers Application

COMPANY INFORMATION:

TRUCKING COMPANY NAME (d/b/a): _____

Sole Proprietorship Limited Partnership (LLP) Limited Liability Corporation (LLC)
 Corporation (INC) State: _____

Federal Employment Identification Number or Social Security Number: _____

Owner's Name: _____

Company's Office Address: _____

Mailing Address if different: _____

Telephone #s: Office: _____ Fax#: _____

Number of Trucks your company operates _____ State(s) where trucks are tagged: _____ MD _____ DC _____ VA

Do you and your drivers have government security clearance? _____ Yes _____ NO

If the answer above was yes, list where _____

Are you a registered small or minority business? _____ YES _____ NO

If the answer above was yes, list where _____

Your phone number (person completing form): _____ Your Email: _____

Authorized Contacts:

For Hauling Request:

Name: _____ Best # to Reach: _____
Email: _____

Regarding Billing:

Name: _____ Best # to Reach: _____
Email: _____

Regarding Insurance:

Name: _____ Best # to Reach: _____
Email: _____

Insurance Agent:

Name: _____ Best # to Reach: _____
Email: _____

Thank you for your inquiry. We look forward to working with you!

Recycled Aggregates LLC.

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