



**Independent Contractor Agreement  
Driver- Operator Information Sheet**

Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Trucker \_\_\_\_\_ Contractor \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Are you Incorporated: YES \_\_\_\_\_ NO \_\_\_\_\_