

APPLICATION FOR QUALIFICATION

Company KALCO EXPRESS, INC.
Address 5901 Dexter
City Commerce City State CO Zip Code 80022

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

www.valleyequipmentleasing.com

303-293-8664 Phone
303-293-3117 Fax

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for; Check One: Contractor Contractor's Driver

All Leased Operators MUST operate under a Trade Name and have a Federal ID Number. All settlement payments will be in the company name. NO EXCEPTIONS!

Company Trade Name _____ Federal ID Number _____
Name _____
(First) (Middle) (Last)
Phone Number (____) _____ Emergency Phone Number (____) _____
*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Physical Exam Expiration Date: _____

Number of years professional driving experience on a Class A CDL license. _____

Current & Three Years Previous Addresses:

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

FOR INTERNAL USE ONLY

Drug Test _____
Road Test _____
Physical Demands Eval. _____

SUNCOR _____
SemMaterials _____
SemMaterials Den K _____

EMPLOYMENT AND OR CONTRACT LEASE HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers or companies they were leased to for the past 10 years. Fill out boxes in their entirety with correct information. Falsification or omission of information may lead to termination of employment or contract. Attach as many sheets as needed to complete your work history. (NOTE: List history in reverse order starting with the most recent and ending with the oldest company.)

NAME	FROM DATE	/
ADDRESS	TO DATE	/
CITY	STATE	ZIP
CONTACT PERSON	PHONE NO.	SALARY / WAGE

Reason for leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

NAME	FROM DATE	/
ADDRESS	TO DATE	/
CITY	STATE	ZIP
CONTACT PERSON	PHONE NO.	SALARY / WAGE

Reason for leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

NAME	FROM DATE	/
ADDRESS	TO DATE	/
CITY	STATE	ZIP
CONTACT PERSON	PHONE NO.	SALARY / WAGE

Reason for leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

NAME	FROM DATE	/
ADDRESS	TO DATE	/
CITY	STATE	ZIP
CONTACT PERSON	PHONE NO.	SALARY / WAGE

Reason for leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

NAME	FROM DATE	/
ADDRESS	TO DATE	/
CITY	STATE	ZIP
CONTACT PERSON	PHONE NO.	SALARY / WAGE

Reason for leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

(*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.)

EMPLOYMENT AND OR CONTRACT LEASE HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers or companies they were leased to for the past 10 years. Fill out boxes in their entirety with correct information. Falsification or omission of information may lead to termination of employment or contract. Attach as many sheets as needed to complete your work history. (NOTE: List history in reverse order starting with the most recent and ending with the oldest company.)

NAME	FROM DATE	/
ADDRESS	TO DATE	/
CITY	STATE	ZIP
CONTACT PERSON	PHONE NO.	SALARY / WAGE

Reason for leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

NAME	FROM DATE	/
ADDRESS	TO DATE	/
CITY	STATE	ZIP
CONTACT PERSON	PHONE NO.	SALARY / WAGE

Reason for leaving _____

Were you subject to the FMCSRs* while here? YES NO

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR Part 40? YES NO

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Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training competed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.. YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES NO
- D. Have you ever been convicted of a felony?..... YES NO
- If the answers to A, B, C or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this qualification file shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not. The applicant releases all previous employers or companies leased to for any damages on account of furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my qualification file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or contract the applicant.

It is agreed and understood that if qualified and hired or contracted, there is a probationary period which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE

REMARKS (FOR OFFICE USE ONLY)-----

REQUEST TO PRIOR EMPLOYERS AND CARRIERS THAT CONTRACTED WITH DRIVER APPLICANT

CARRIER NAME	CONTACT PERSON		
ADDRESS	CITY	STATE	ZIP
303-293-0077		303-293-3117	
PHONE	CONFIDENTIAL FAX NUMBER		

- Driver to Complete This Section Only -

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers or companies I have leased with for the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired or leased on, that I have the right to review this information and rebut any errors in these statements from my prior employers or companies I have leased with as described in the FMCSR Part 391.23.

I _____ hereby authorize this company to release all driver records, including assessments of my
PRINT NAME
 performance, ability, and fitness, including dates of all any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for qualification with said company. I hereby release this company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

APPLICANT'S SIGNATURE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	TODAY'S DATE
-----------------------	------------------------	---------------	--------------

PREVIOUS EMPLOYER	CONTACT PERSON		
MAILING ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		

EMPLOYMENT OR CONTRACT DATES

SECTION I Past Employer or Company Contracted to Complete >>>> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant mark here _____

- | | YES | NO |
|--|-----|-----|
| 1. Any Test with a result of 0.04 or higher alcohol concentration? | ___ | ___ |
| 2. Any verified positive drug test? | | |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)? | ___ | ___ |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | ___ | ___ |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, or under contract, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including verified adulterated /substituted drug test result)? | ___ | ___ |
| 6. If yes to any of the above questions please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ or under contract.* | | |

*If this information is not available from the previous employer, you as a prospective employer, must obtain this information from the applicant.

Drug and alcohol information need to be kept in a separate confidential file.

REQUEST TO PRIOR EMPLOYERS AND CARRIERS THAT CONTRACTED WITH DRIVER APPLICANT

SECTION II Past Employer or Company Contracted to Complete >>>> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d)(1)(2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment or contract. Companies may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here _____

DATE	LOCATION TOWN OR CLOSEST CITY STATE	ANY VEHICLES TOWED	HAZMAT SPILL	NUMBER of FATALITIES	NUMBER of INJURIES

SECTION III Past Employer or Company Contracted to Complete >>>> WORK / CONTRACT HISTORY INFORMATION

Please provide the following information on the above-named applicant:

He/She was employed or under contract for you as a: _____ from ____ / ____ / ____ to ____ / ____ / ____

Driver was a Company Driver Leased Operator Driver for a Leased Operator Other Explain _____
(Employee) (contractor)

What type of equipment did he/she operate?
 Straight Trucks Tractor/Trailer Doubles Triples Other Explain _____

Type of trailer(s) pulled _____

General area traveled _____ Commodities transported _____

While under your employment was he/she:
 Bonded Yes No

Convicted of any traffic violations Yes No

If yes, please list all including date and type _____

License(s) suspended, revoked, or denied Yes No

If yes, please explain _____

Reason for leaving _____

Would you employ or contract this driver again Yes No Upon Review

Please explain _____

Additional Comments _____

Previous Company Supplying Information

 PRINT NAME

 TITLE

 SIGNATURE

 DATE

Please remember to retain a copy for your records; your timely response is appreciated.

DRIVER QUALIFICATION DRUG AND ALCOHOL STATEMENT

CFR Part 40.25(j) requires a company to ask any applicant, whether he or she has tested positive, or refused to test, on any drug or alcohol test administered by a previous company to which the applicant applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the applicant admits that he or she has had a positive test or refusal to test, we must not use the applicant to perform safety-sensitive functions, until and unless the potential applicant provides documentation of successful completion of the return-to-duty process. See Section 40.25(b)(5) and (e).

As an applicant, applying to perform safety-sensitive functions for our company you are required by CFR Part 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any drug or alcohol test administered by a company to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

YES ____ NO ____

2. If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

YES ____ NO ____

My signature below certifies that the information provided is true and correct.

APPLICANT SIGNATURE

DATE

APPLICANT NAME PRINTED

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATIONS 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver who applies.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's records during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (d) Prospective motor carrier must investigate the information from all previous motor carriers where the driver operated a CMV within the previous three years. This information must cover general driver identification and data as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the Application for Qualification and any accidents the previous motor carrier may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated motor carriers where the driver operated a CMV within the previous three years from the date of the Application for Qualification in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous motor carriers.
2. The right to have errors in the information corrected by the previous motor carrier and for them to re-send the corrected information to the prospective motor carrier.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous motor carrier and applicant cannot agree on the accuracy of the information.

Drivers who wish to review previous motor carrier provided investigative information must submit a written request to the prospective motor carrier when applying or as late as 30 days after employed or contracted or being notified of denial of employment or contract. The prospective motor carrier must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective motor carrier making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous motor carrier that provided the records. The previous motor carrier must either correct and forward the information to the prospective motor carrier or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous motor carrier with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

DRIVER SIGNATURE

DATE

DRIVER NAME PRINTED

AUTHORIZATION FOR RELEASE OF MOTOR VEHICLE RECORDS TO COMPLY WITH THE DRIVER QUALIFICATION FILES PORTION OF THE DOT REGULATIONS

TO WHOM IT MAY CONCERN:

NAME (FIRST) (MIDDLE) (LAST)

LICENSE NUMBER EXPIRATION DATE STATE OF ISSUE

hereby authorize _____ to obtain my driving record from the State of _____

DRIVER SIGNATURE DATE

NOTICE TO DRIVERS AND CERTIFICATE OF COMPLIANCE

NOTICE TO DRIVERS:

The commercial Motor Vehicle Safety Act of 1996 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds and to any vehicle, regardless of weight, transporting hazardous materials. The following provisions of this legislation became effective July 1, 1987.

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such convictions within 30 days.
3. Any person applying for work as a commercial vehicle driver must inform the motor carrier of all previous employment or contracted labor as the driver of a commercial vehicle for the past 10 years in addition to any other required information about the applicant's work history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

CERTIFICATION BY DRIVER:

I, hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987.

DRIVER SIGNATURE SOCIAL SECURITY NO

ADDRESS

LICENSE STATE TYPE / CLASS ID NO

I further certify that the above commercial vehicle license is the only one held, or that I have surrendered the following licenses to the state(s) as indicated below:

STATE TYPE / CLASS ID NO

STATE TYPE / CLASS ID NO

ANNUAL VIOLATION AND REVIEW RECORD

DRIVER NAME (PRINTED)

CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. If you have no violations please state NO VIOLATIONS.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited a bond or collateral on account of any violation required to be listed during the past 12 months.

(COMPANY ADDRESS STAMP HERE)

DATE OF CERTIFICATION

DRIVER SIGNATURE

REVIEW BY SIGNATURE / TITLE

REVIEW AND EVALUATION OF THIS RECORD

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him / her in accordance with Section 391.27, have been reviewed for the past 12 months.

ACTION TAKEN: _____

MOTOR CARRIERS NAME MOTOR CARRIER'S ADDRESS

REVIEWED BY (SIGNATURE) TITLE DATE

INFORMED CONSENT AND RELEASE OF LIABILITY

I understand the company has a no tolerance Substance Policy. Substance is defined by alcohol, controlled substances (i.e., illegal drugs, and prescribed drugs), over-the-counter medications, and any other Substance that may be inhaled, injected, absorbed or taken by mouth that may, in the company's opinion, impair an individual.

As a condition of employment or under execution of a contract agreement, I understand that I am required to submit to periodic or random testing for alcohol and drugs. I understand that this analysis will be conducted under the direction of the company and its designated healthcare agent.

In the event of an accident I acknowledge that it may be required that I be tested for drug and alcohol abuse. I hereby give my consent to testing. If the accident affects a company client I also give the company permission to release the results of the testing with the company's client.

SIGNATURE

DATE

PRINTED NAME

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO

KALCO EXPRESS INC.

TO WHOM IT MAY CONCERN:

I, _____
FIRST MIDDLE LAST

Born on _____ at _____,
MONTH DAY YEAR CITY STATE

presently residing at: _____
STREET ADDRESS CITY STATE ZIP

hereby authorize any physician or other person who has attended, examined, or treated me, or any clinic, hospital institution, company, or Federal, State or municipal agency, office or bureau which may have information concerning my medical history, to release to _____ or their representative any available information or records concerning my medical history in their knowledge or possession.

I have also been known by the following name(s): _____
IF NONE, STATE "NONE"

A reproduction of this authorization shall be deemed as effective and valid as the original, as long as I am employed or am independent contractor with _____ and/or its subsidiaries.

SIGNATURE

DATE

PRINTED NAME

ADDITIONAL MATERIALS NEEDED BY DRIVER APPLICANTS

Please provide us with the following so we can make copies for our records:
Current Motor Vehicle Registration (MVR)
Valid Driver's License, with proper endorsements
Social Security Card / US Issued Passport / Green Card
Current Driver's Physical Card

Completed applications for Valley Equipment Leasing, Inc. or KALCO EXPRESS, Inc. may be turned in at our physical address listed below or you may fax your resume to us as well.

5901 Dexter Street
Commerce City, CO 80022

Monday – Friday 8AM – 4PM

Phone 303-293-0077 / Fax 303-293-3117
www.valleyequipmentleasing.com

Directions:

We are located on the South West intersection of 60th and Vazquez in Commerce City.
Located to the South of the Arby's in the Harris Transportation building on the second floor.