

MAWSON & MAWSON, INC.  
D.O.T. QUALIFICATION SHEET

Please print clearly

Date \_\_\_\_\_ 20 \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State&Zip Code)

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State&Zip Code)

Marital Status \_\_\_\_\_ No. of Children \_\_\_\_\_ Who referred you? \_\_\_\_\_

Phone (include area code) (\_\_\_\_) \_\_\_\_\_ List Identification Marks \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Answer only if applying for driving position)

Have you ever driven equipment leased to us before? \_\_\_\_\_ If yes, dates \_\_\_\_\_

In case of emergency, whom should be notify? \_\_\_\_\_ Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Date of last D.O.T. Physical Examination \_\_\_\_\_

Have you ever failed a physical examination? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever had a positive pre-employment drug screen in the past 2 years? \_\_\_\_\_ When? \_\_\_\_\_ &

What Company? \_\_\_\_\_

Are you physically capable of heavy manual work? (Lifting over 80 lbs) \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If Yes, May we contact Current Employer \_\_\_\_\_  
If No, how long since leaving last employment? \_\_\_\_\_

**WORK HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in interstate or interstate commerce shall provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

**Last or Present Employer** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
(Street) (City) (State&Zip Code)

Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Position Held \_\_\_\_\_ Type Equip. driven - Trac. Trl \_\_\_\_\_ St. Trk \_\_\_\_\_ Other \_\_\_\_\_

Type of trailer used: Flatbed \_\_\_\_\_ Extendable Trl \_\_\_\_\_ Lowboy \_\_\_\_\_ Van \_\_\_\_\_ Dump Trl \_\_\_\_\_ Other \_\_\_\_\_

Type of materials Hauled \_\_\_\_\_

No. of Avoidable accidents \_\_\_\_\_ No. of unavoidable accidents \_\_\_\_\_

Explain any accidents, including (dates, type of accident, injuries or fatalities) \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed? Yes \_\_\_ or No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes \_\_\_\_\_ or No \_\_\_\_\_

**Second Employer** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
(Street) (City) (State&Zip Code)

Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Position Held \_\_\_\_\_ Type Equip. driven - Trac. Trl \_\_\_\_\_ St. Trk \_\_\_\_\_ Other \_\_\_\_\_

Type of trailer used: Flatbed \_\_\_\_\_ Extendable Trl \_\_\_\_\_ Lowboy \_\_\_\_\_ Van \_\_\_\_\_ Dump Trl \_\_\_\_\_ Other \_\_\_\_\_

Type of materials Hauled \_\_\_\_\_

No. of Avoidable accidents \_\_\_\_\_ No. of unavoidable accidents \_\_\_\_\_

Explain any accidents, including (dates, type of accident, injuries or fatalities) \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed? Yes \_\_\_\_ or No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes \_\_\_\_\_ or No \_\_\_\_\_

**Third Employer** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
(Street) (City) (State&Zip Code)

Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Position Held \_\_\_\_\_ Type Equip. driven - Trac. Trl \_\_\_\_\_ St. Trk \_\_\_\_\_ Other \_\_\_\_\_

Type of trailer used: Flatbed \_\_\_\_\_ Extendable Trl \_\_\_\_\_ Lowboy \_\_\_\_\_ Van \_\_\_\_\_ Dump Trl \_\_\_\_\_ Other \_\_\_\_\_

Type of materials Hauled \_\_\_\_\_

No. of Avoidable accidents \_\_\_\_\_ No. of unavoidable accidents \_\_\_\_\_

Explain any accidents, including (dates, type of accident, injuries or fatalities) \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed? Yes \_\_\_\_ or No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes \_\_\_\_\_ or No \_\_\_\_\_

**Fourth Employer** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
(Street) (City) (State&Zip Code)

Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Position Held \_\_\_\_\_ Type Equip. driven - Trac. Trl \_\_\_\_\_ St. Trk \_\_\_\_\_ Other \_\_\_\_\_

Type of trailer used: Flatbed \_\_\_\_\_ Extendable Trl \_\_\_\_\_ Lowboy \_\_\_\_\_ Van \_\_\_\_\_ Dump Trl \_\_\_\_\_ Other \_\_\_\_\_

Type of materials Hauled \_\_\_\_\_

No. of Avoidable accidents \_\_\_\_\_ No. of unavoidable accidents \_\_\_\_\_

Explain any accidents, including (dates, type of accident, injuries or fatalities) \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed? Yes \_\_\_\_ or No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes \_\_\_\_\_ or No \_\_\_\_\_

**Fifth Employer** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
(Street) (City) (State&Zip Code)

Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Position Held \_\_\_\_\_ Type Equip. driven - Trac. Trl \_\_\_\_\_ St. Trk \_\_\_\_\_ Other \_\_\_\_\_

Type of trailer used: Flatbed \_\_\_\_\_ Extendable Trl \_\_\_\_\_ Lowboy \_\_\_\_\_ Van \_\_\_\_\_ Dump Trl \_\_\_\_\_ Other \_\_\_\_\_

Type of materials Hauled \_\_\_\_\_

No. of Avoidable accidents \_\_\_\_\_ No. of unavoidable accidents \_\_\_\_\_

Explain any accidents, including (dates, type of accident, injuries or fatalities) \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed? Yes \_\_\_\_ or No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes \_\_\_\_\_ or No \_\_\_\_\_

**USE ADDITIONAL PAPER IF ABOVE PERIOD OF EMPLOYMENT COVERS LESS THAN 10 YEARS**

\*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Have you ever hauled any steel or machinery with a carrier in the last 5 years? \_\_\_\_\_

If so, list companies and dates \_\_\_\_\_

Check types of steel hauled: Coils \_\_\_\_\_ Sheets \_\_\_\_\_ Plates \_\_\_\_\_ Structural \_\_\_\_\_ Other \_\_\_\_\_

Types of Machinery Hauled on Flatbed or Lowboy \_\_\_\_\_

If no steel or machinery experience, have you ever used chains, binders and tarps before? \_\_\_\_\_ If yes, list on what types of materials \_\_\_\_\_

Number of safe driving awards from previous employers \_\_\_\_\_ Type of award \_\_\_\_\_

Total avoidable accidents in last five years with truck \_\_\_\_\_ With car \_\_\_\_\_

Total unavoidable accidents in last five years with truck \_\_\_\_\_ With car \_\_\_\_\_

List all traffic convictions and violations, including place and dates in last three years \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If Yes, Please Explain: \_\_\_\_\_

Are you able to run the Provinces of Canada? \_\_\_\_\_

Has your driver's license ever been suspended? \_\_\_\_\_ If yes, give date, reason and period of suspension \_\_\_\_\_

**YOU MUST LIST ALL DRIVERS LICENSE HELD !**

State \_\_\_\_\_ License # \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_

Have you ever served in the Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Have you ever belonged to truck drivers union? \_\_\_\_\_

If yes, state local number \_\_\_\_\_ City and State \_\_\_\_\_

**TO BE READ AND SIGNED BY INDEPENDENT CONTRACTOR**

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a leasing decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my qualification sheet.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e), such as and not limited to vehicle accidents and **any** drug/alcohol testing including pre-employment screening.

I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send Corrected information to the prospected employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the 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 and complete examinations as may be required to complete my qualification file.

(Pennsylvania only) - I authorize the carrier to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is agreed and understood that this qualification sheet in no way obligates the carrier to lease my equipment.

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Independent Contractors's Signature

*Please complete the 4 highlighted sections only on the next page and return your complete qualification sheet to Mawson & Mawson Inc. P.O. Box 248, Langhorne, PA 19047. You may fax your completed qualification sheet to 215-750-1453 or or email to [hhausmant@mawsonandmawson.com](mailto:hhausmant@mawsonandmawson.com).*



**TO BE READ AND SIGNED BY APPLICANT**

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e), such as and not limited to vehicle accidents and **any** drug/alcohol testing including pre-employment screening.

I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-submit Corrected information to the prospected employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the 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 and complete examinations as may be required to complete my employment file.

(Pennsylvania only) - I authorize the carrier to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is agreed and understood that this qualification sheet in no way obligates the carrier to lease my equipment.

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

 \_\_\_\_\_  
Date

 \_\_\_\_\_  
Applicant's Signature

**PREVIOUS EMPLOYER DRUG & ALCOHOL TEST INFORMATION**

**Instructions:** Federal Highway Administration (FHWA) regulations (49 C.F.R. § 413) require motor carriers for whom a driver previously worked to provide companies to whom a driver has applied for work with the following drug and alcohol test result information concerning that driver, if provided with the driver's written authorization to release those results: (i) all verified positive drug tests during the pervious 3 years; (ii) all alcohol test results of 0.04 or greater during the previous 3 years; (iii) all alcohol tests of 0.02 or greater but less than 0.04 during the previous 3 years; (iv) all instances in which the driver refused to a drug and/or alcohol test during the previous 3 years. FHWA regulations also require that a written record be kept whenever a company refuses to provide this required information. This form should be used for that purpose.

I, (Print Name) X \_\_\_\_\_ Social Security Number: X \_\_\_\_\_

hereby authorize:

Previous Employer: \_\_\_\_\_

To release and forward the information requested in this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years.

To:  
Prospective Employer: Mawson & Mawson Inc.  
Attention: Holly Schiavo

In compliance with 40.25(g) and 391.23(h), release of this information must be made in written form that ensures liability, such as fax, email or letter.

Prospective employer's confidential fax number: 215-750-1453

X \_\_\_\_\_ Applicant's Signature X \_\_\_\_\_ Date

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, sign the bottom and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed any other violations of Subpart B of Part 382 or Part 40?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has this person violated a DOT drug and alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including return to duty and follow-up tests?<br>If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. After successfully completing a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations in the past 3 years?   | <input type="checkbox"/> | <input type="checkbox"/> |

If answering yes to any of these questions, please include any drug & alcohol testing information obtained under 40.25 or other applicable DOT agency regulations.

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_

Signature of person completing this form, \_\_\_\_\_ Date: \_\_\_\_\_

**DRUG & ALCOHOL CLEARINGHOUSE  
CONSENT FOR LIMITED QUERIES**

**NOTICE TO DRIVER:** The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that *only* indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

**NOTICE TO MOTOR CARRIER:** This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

**AUTHORIZATION**

I, X \_\_\_\_\_, hereby authorize  
(Driver's printed name)

\_\_\_\_\_  
(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: X \_\_\_\_\_

ID Number: \_\_\_\_\_ Date: X \_\_\_\_\_

Copyright 2019 J. J. Keller & Associates, Inc. All rights reserved.



# ***Mawson & Mawson, Inc. Flatbed Independent Contractors***

## **Mawson now offers FREE electronic bill scanning**

### **Qualifications**

Must have a minimum of 2 years over-the-road, 6 months flatbed w/steel, coil experience and must be 23 years of age with a reasonable driving record, and must be able to pass a physical and drug screen. Anyone that is short in any category can fill out an application, exceptions are made but nothing is guaranteed.

### **Pay & Bonuses**

76% of gross from 100%. Independent contractors must have bills in by noon on Tuesday. Direct deposit is offered, the funds are available in your account on Friday. Checks are mailed Thursday, and are not guaranteed to arrive by Saturday. O/O's can gross between \$4,000 & \$5,000 a week.

**Long Haul Bonuses** are achieved through average weekly gross. Weekly average minimum of \$2,000 will result in an additional 1%; Additional 1% safety bonus will be paid if all DOT roadside inspections receive 0 points, no moving violations, no preventable accidents or cargo claims & 1<sup>st</sup> 1% is achieved. Bonuses are paid out in the middle of the following month.

**Short Haul Bonuses (All Trips under 150 miles)** Weekly average minimum of \$1,150 will result in an additional 1%, additional 1% safety bonus will be paid if all DOT roadside inspections receive 0 points, no moving violations, no preventable accidents or cargo claims. Bonuses are paid out in the middle of the following month.

### **Escrow**

We require an escrow account of \$500.00 per truck, maximum of 2 trucks, to be held for the duration of your lease to be used as insurance for the return of any and all materials and items supplied to you by Mawson that we asked to be returned. Escrow is released maximum 45 days after all materials are returned. This month is held in a non-interest account. The escrow money is deducted \$50 per week for the first 10 weeks.

### **Plates**

Mawson runs Pennsylvania base plates. The PA plate year is from June 1<sup>st</sup> through May 31<sup>st</sup>. The plate belongs to Mawson, if you cancel your lease then you must return the plate. Plate charges will be deducted at \$66 a week for the first year, then \$33 a week after that. Plates run about \$1,700 for the whole year. (Subject to change without notice.)

### **Permits**

Permit year is January 1<sup>st</sup> through December 31<sup>st</sup>. The cost is \$50 per year, per unit. The funds are deducted from your settlement at full amount.

### **Bobtail/Deadhead (Non-Trucking Liability)**

You can have your own policy or use ours for \$38.50 per month. IT is deducted one time per month. If you have your own policy you are required to supply us with a copy of the policy and it must be at least one million dollars in coverage

### **Physical Damage/Collision**

Our physical damage insurance is available to you if you want/need it. It is a weekly deduction based on the value of your equipment. Policy has \$1,000 deductible.

## **Trailers**

Mawson leases on Flatbed trailers. If you do not have your own trailer, we do have rentals available. Rental fee is \$175 a week for a 2004 or 2005 Reitrouer w/ side kit, plus \$26.95 a week for insurance. We do have securement equipment available to purchase. We also require an additional \$500 escrow on the trailer. The escrow will be deducted at \$50 per week for 10 weeks. If you have your own trailer we recommend a side kit but it is not mandatory. Some customers require one however so this may change the first in/first out dispatch at some points.

## **Workers Compensation/Occupational Accident Insurance**

The insurance is only required if you own a truck and have someone else driving it. You, as the Independent Contractor, are not covered under our workers compensation. Running rate for Workers Comp with Mawson is \$182.50 per month, per driver.

## **Com Data**

Mawson & Mawson, Inc supplies drivers with a ComData card in order to receive advances on their loads to purchase fuel, food, etc. Drivers are allowed to advance up to 45% of each load. Percentages subject to change depending on fuel cost.

## **Road & Fuel Tax**

All Road and Fuel Taxes are paid by Mawson & Mawson, Inc. Original fuel slips are required to be turned into Langhorne, PA.

## **Signs**

Mawson & Mawson, Inc will supply door decals for all leased & owned vehicles. Signs are required to be placed on the cab of the truck. Not on fuel tanks, etc.

## **Drug Screens & Physicals**

Mawson & Mawson, Inc, pays for Pre-employment & random drug screens. Physicals are the responsibility of the Independent Contractor.

## **Log Books**

Mawson & Mawson Inc supplies DOT regulated log books to the drivers. Mawson also supplies delivery receipts and postage paid envelopes so divers are able to mail in paperwork if necessary.

## **Electronic Log**

Trucks 2000 and newer are DOT mandated to run an electronic log device. Mawson is contracted with KeepTruckin.

## **Safety Inspections**

Safety inspections are required every 60 days. DOT Level 1 & 2 and State inspections will count towards safety inspection. Mawson & Mawson, Inc has accounts with TA's and Petros. Mawson pays for the safety inspections, however we will not pay for state inspections.