

INDEPENDENT CONTRACTOR AUTHORIZATION

DATE: _____ TERMINAL: _____ IC NO.: _____

IC NAME: _____ SSN: _____ - _____ - _____

EFFECTIVE DATE: _____

Independent Contractor - Start Date: _____

Status: *Owner/Operator*

Lease Driver for: _____

Status Change *from:* _____ *to:* _____

Terminal Transfer *from:* _____ *to:* _____

Termination - Company Terminated Lease

Effective Date: _____ *Last Day Worked:* _____

Resignation - Driver Terminated Lease

Effective Date: _____ *Last Day Worked:* _____

REASON FOR CHANGE: _____

I HAVE READ AND UNDERSTAND THIS CHANGE.

(INDEPENDENT CONTRACTOR SIGNATURE)

(DATE)

APPROVED BY:

(TERMINAL MANAGER)

(TITLE)

(DATE)