



Owner Operator Application Supplement

Along with the completed application for employment all owner operators and brokers are required to complete the following pages. You must also have to supply Clarke Road Transport with the following documentation in order to obtain licensing for your unit and set you up in our system for payment:

All Owner Operators/Brokers:

- Copy of lease agreement and schedule of payments
 OR
- Copy of bill of sale and proof of payment amount
- Copy of current truck registration
- Copy of most recent inspection certificate
- Photos of your truck
- Void check or Authorization for Automatic Deposit form from your bank
- Proof of Worker's Compensation coverage (or take our NAL coverage-ON/QC only)

If you operate under a business name we require:

- Copy of your incorporation certificate or business registration
- Copy of your HST number

If you do not operate as a business and if your contract will be in your own name please note that under Revenue Canada rules we are required to issue a T4 in your name.

For Flatbed Owner Operators/Brokers:

• Please provide your trailer registration and information if you have one

All of these documents can be faxed although email is preferred so that clear copies can be obtained.



BROKER INFORMATION SHEET

		Unit #	
Name:		Phone:	
Street			
City	Provin	nce	Postal Code
Business #	SI	N:	
Incorporated Company:	□ Yes	□ No	
If you checked "Yes", Incorpora	ated Company name is:		
If you checked "No":			
Company name on perso	nal tax return is:		
Your name on personal to	ax return is:		
Broker Signature		Date	



TRACTOR SPECIFICATONS AND FINANCIAL INFORMATION

TRACTOR:

Make:	Model:	Year:	VIN:	Color:
Engine Type:			Horsepower:	
Transmission:			Rear End Ratio:	
Front End Rating:			Tire Size:	
Rear End Rating:			Tire Size:	
Wheel Base:				
Fifth Wheel Height:		Type:		Slider:
# of Stacks:		# of Fuel T	Canks:	# of Gallons:
Tare Weight (full tanks	s):	Actual:		Estimate:
Super Single Tires:	☐ Yes ☐ No			
FINANCIAL:				
Company Name:			Business Number:	
Incorporated:	es 🗆 No		Leased or Purchased:	
All taxes paid: ☐ Ye	es 🗆 No		In what province are t	axes paid:
Value of tractor as of I	December last year: \$		Creditor:	
Monthly Payment: \$ Number of payments remaining:				
I will supply a letter of	good standing from my credi	tor for my tracto	or: 🗆 Yes 🗆 N	О
I will provide proof of	Worker's Compensation:		☐ Yes ☐ N	O



WORKER'S COMPENSATION

	NFLI) Brokers
		I would like Clarke to cover Worker's Compensation
		I will supply Letter of Clearance
	NS E	Brokers
		I will apply for a personal account
		I will apply for a business account
		I will supply a Letter of Clearance
	NB I	Brokers
		I would like Clarke to cover Worker's Compensation (under 3 employees)
		I will supply a Letter of Clearance (over 3 employees)
	ONT	Brokers
		I will supply a Letter of Clearance
		I will join Clarke's NAL Group Plan
	PEI	Brokers
		I will supply a Letter of Clearance
		I will supply confirmation of a Group Plan
	QUE	CBEC Brokers
		I will supply a letter of clearance
		I will join Clarke's NAL Group Plan
N. (DI	D: ()	
Name (Plea	ise Print)	Date
Signature		



TO: All US/Canada Owner Operators

Clarke Road Transport Representative

US Heavy Vehicle Use Tax (HVUT)

The US Internal Revenue Service requires that all vehicles registered through the International Registration Plan (IRP) must pay Heavy Use tax to the United States.

The tax applies to all vehicles with a gross vehicle weight (GVW) in excess of 55,000 lbs (25,000 kgs) that travel more than 5,000 miles (8,000 kms) per year.

The tax is paid each year for the period of July 1 to June 30 of the following year. Canadian based units registered over 75,000 pounds pay \$550.00 US per unit/year. The tax can be prorated for the 12 month period (ie: new unit starts in December then the tax due calculated at \$550/12 = \$45.82 US/month for 7 months (December to June) for a total of \$320.81 US.

HVUT for all new Brokers and Owner Operators

Options	s:	
	1)	I will provide proof HVUT was paid:
	2)	Please pay and deduct at \$50.00/pay until paid:
		Agreement and Acknowledgement Receipt
	I do 1	nd understand the above and agree to the option I have selected. I further agree that I must have this in place within 3 not supply proof of payment within the 30 days I authorize Clarke Road Transport to pay on my behalf and deduct from s.
Independ	ent Con	ntractor or Company Name
Signature	;	

POWER OF ATTORNEY / PLATING AUTHORIZATION

I,, hereby authorize Chris plates to the below-mentioned tractor.	Stortts of Clarke Road Transport to attach Nova Scotia
This Power of Attorney and Plating Authorization ext the vehicle and I will, at all times, retain title to said ve	ends only to the Nova Scotia registration and licensing of chicle.
Duplicate documents may be obtained if required.	
Year:	
Make:	
Model:	
VIN:	
Signed this, 2016	
Signature:	
Signature:	
Specimen Signature:Christine Stortts	
Christine Stortes	