

OWNER OPERATOR LEASE APPLICATION

Please take your time and fill out all the requested information. Once you have completed this application fax it to our recruiting department at 262-598-2821 and our recruiters will process it within 24 hours. Make sure you provide us with any additional phone numbers we can use to contact you. On behalf of everyone at Diamond Transportation System, Inc., we would like to thank you for considering a lease opportunity with our company.

MINIMUM REQUIREMENTS (You must meet these requirements before filling out the application)

- You must be at least 23 years of age.
- Experienced owner operators only, a minimum of one year over-the-road experience and please, **no** student drivers.
- Your tractor must pass a DOT inspection prior to lease.
- 100,000 miles in all four seasons (verifiable) within the last year.
- A good safe driving record.

**PLEASE COMPLETE THE ENTIRE APPLICATION. THIS WILL SPEED UP THE APPLICATION PROCESS. IF A QUESTION DOES NOT APPLY, PLEASE INDICATE WITH N/A THANK YOU.
FIELDS MARKED WITH AN * ARE REQUIRED**

Personal Information:

First Name*	Mid. Initial	Last Name*	
Street Address*			
City*	St. / Prov.*	Zip Code*	
Phone	Mobile	Other	
Date of Birth	Social Security Number*		
Email Address			

Where did you hear about Diamond? _____

Driving Status:

Please check all that apply

- Owner operator
 Driver for a Truck Owner
 Fleet Owner
 I own my own trailer
 Driver Only (Do not own a truck at this time)

Owner Operator: Tractor/Trailer Information

Finance Co.	Phone Number	Account #	
Year/Make of Tractor	Year/Make of Trailer		
Wheelbase	Type of Trailer		
Empty Weight-Tractor	Empty Weight-Trailer		

Driver Information:

Drivers License No.*	CDL?*	Y/N	ST*	Exp. Date*	
Violations past 3 yrs*	Accidents past 3 yrs*	DOT Reportable*	Y or N		
Have you ever had an DUI? *	Y or N	Has your license ever been revoked?	Y or N		

If you answered yes to the DUI or license revoked questions please explain.	
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Have you ever been convicted of a felony?*		If yes, explain	
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Employment History:
Most recent employer first and please fill out as much information as possible.

COMPANY ONE

Dates of Employment*		to	
Employer's name*			
Address		City*	State*
Phone		Contact name	Position held
Type of Trailer used*		Number of Claims*	
Please explain your reason for leaving and claims:			

COMPANY TWO

Dates of Employment		to	
Employer's name			
Address		City	State
Phone		Contact name	Position held
Type of Trailer used		Number of Claims	
Please explain your reason for leaving and any claims			

COMPANY THREE

Dates of Employment		to	
Employer's name			
Address		City	State
Phone		Contact name	Position held
Type of Trailer used		Number of Claims	
Please explain your reason for leaving and any claims			

By submitting this form I certify that I have personally completed this form, and that all information is true and correct. I hereby request and authorize Diamond Transportation System, Inc. to cause to be conducted at any time, an investigation of my background for DOT qualification purposes which may include, but is not limited to: any information relating to my character, general reputation, personal characteristics, criminal history, past work experience, educational background, alcohol or drug test results or any other information about me which may reflect upon my potential for qualification gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning such items of information. I have completed this questionnaire of my own free will and hold Diamond Transportation System, Inc. harmless of all liability for providing this questionnaire for my use.

Yes, I have read the above statements and agree with them and would like you to process the application.

 Signature