

DRIVER APPLICATION

- New Driver
- Renewal
- Triple Approved

For Operation of Tandem/Triple Trailer Combinations
In Excess of 65 Feet in Length
On the Indiana Toll Road

(This Form Must Be Typed and Must Bear the Proper Signatures)
(PLEASE LEAVE THIS SECTION BLANK)

Previous Permit No. TT079-D

Permit Number	Issue Date	Expiration
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PLEASE COMPLETE ALL OF THE FOLLOWING ITEMS WITH CURRENT INFORMATION:

1. Name _____ Age _____

2. Address _____
(Street) (City & State) (Zip Code)

3. Weight _____ Height _____ Color Hair _____ Color Eyes _____

4. Chauffeur's License No. _____

State _____ Expiration Date _____

5. Employed by ROADWAY EXPRESS, INC.

6. Experience: (Five (5) Full Years Needed to Qualify – List Provable Experience Only)
(List Month, Day, Year)

<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Type Vehicle Operated</u>

7. If License issued by any State has ever been revoked/suspended, furnish information:

<u>Date</u>	<u>State</u>	<u>Reason (Indicate Revoked / Suspended)</u>	<u>Date Reinstated</u>

8. Accidents: (List all during last five (5) years and attach accident report for each)

<u>Date</u>	<u>Location</u>	<u>Chargeable or Non-Chargeable</u>	<u>Extent of Property Damage</u>	<u>Number injured or Killed</u>

DRIVER APPLICATION – CONTINUED

9. If certified to drive Tandem/Triple Combination on another toll facility, please list below:

Toll Facility _____

I hereby certify that I am the driver named in the foregoing statement, and the information contained therein is true to the best of my knowledge, information and belief. Attached is a copy of my current physical examination certificate and driving record for the last five (5) years from the State Bureau of Motor Vehicles.

Signature of Driver

It is hereby requested that the herein named be approved as a driver of Tandem and/or Triple Trailer Combination on the Indiana Toll Road and that a driver identification card be issued to him/her. We certify that this driver is an employee of this Company, that he/she is qualified to operate a Tandem and/or Triple Combination, that he/she is of good moral character, and that the information submitted in this application is true to the best of our knowledge and belief.

By _____

Title

Division Vice President

Company

Roadway Express, Inc.

Mailing Address

2000 Lincoln Highway
Chicago Heights, IL 60411