ADICA
TRUCKING & LOGISTICS, LLC

20601 Trolley Industrial Drive Taylor, MI 48180

Driver Employment Application

Welcome to ADICA Trucking & Logistics

We haul freight across the United States and Ontario, Canada. Working with a well-qualified team of employee drivers and owner operators under contract. We support our road force with a team of managers who work one-on-one with every driver to make sure every load we carry arrives safely and on time.

In this application package you will find everything you need to know to join our enthusiastic and dedicated driver workforce.

Driver Requirements:

- Must be at least 21 years of age and have a valid class "A" CDL from state of residence.
- Age 23 and older with commercial driving experience, must have one-year verifiable experience in the last 5 years, on the equipment you will operate and an acceptable work history for the past 10 years.
- All gaps in employment must be accounted for (acceptable driver training program can substitute for sixth month experience.)
- No more than three moving violations in any type of motor vehicle in the last three years.
- No license suspension/disqualification for traffic convictions/incidents within the last three years.
- A copy of a valid long form physical and medical card performed in the last six months.
- A DOT drug test with a negative result.
- No drug / alcohol related convictions or incidents (DUI/DWI) within the last five years. Incidents older than five years will be reviewed.
- No felonies in the past five years. Felonies over five years will be reviewed.
- No more than two preventable accidents in the last three years.
- No more than three driving jobs in the last 15 months or no more than six driving jobs in the last 36 months.

Thank you for your interest in joining the ADICA Trucking Co., LLC driver team!

What ADICA Trucking Company LLC. Offers: Owner Operators

*Pay = 78% of Gross Revenue

*Consistent Freight

*Aluminum Trailers for Rent for 8% of Gross Revenue

*100% of Fuel Surcharge

*Daily Payment Settlements *Direct Deposit Available (N/C)

*Fuel Card for Fuel Purchases (Comdata)

*Omnitracs installed, * All decals and truck numbers applied

Fee for Omnitracs $ 25.00 per week and will be deducted for settlements

Event records installed, (**Company Policy**) monthly fee $50.00 $1000.00 deposit return upon cancellation of lease.

Drive Wyze **Scale pass** $15.00 Per Month

*IRP Plates Financed at Actual Cost, (no markup) (must provide Paid 2290)

*Cargo Insurance - No Charge, - Liability Insurance - No Charge

*Kentucky Mile Tax - No Charge

*Settlements will discuss reimburse of Tolls

*Non- Trucking Liability - Coverage available through company

*Physical Damage Insurance - Coverage available through company

*Occupational Accident Insurance $160.00 PER Month. **Company policy**

*ADICA shop offers Maintenance to O/O @ $ 85.00 per hour, plus parts **Discount** on Parts Program

*Free Onsite Parking at the Taylor Terminal (at your own risk)

*Assigned Parking (Fee Applies)

*Safety bonus for clean DOT inspections

*Referral bonus, for both you and the referred driver if referred driver stay on for 6 months

*Escrow 5% of gross earnings until $1500.00 is reached for (ADICA Property)

*Maintenance acct: $100.00 per week **(Optional)**
Any loans taken for maintenance will have a settlement deduction of 15% per pay, the maximum amount of loan without prior management approval will be $4000.00

PAPER WORK REQUIRED TO SIGN ON

- Articles of Incorporation
- Verification letter from IRS with tax ID Number
- If you are a LLC you will need to apply for a Notice of Exclusion, which makes you the O/O exempt from workman's compensation. 517-284-8922
- Checking account Information, Account must be in company name
- Paid 2290
- Title of Tractor
- Valid driver's license
- Social Security card
- Medical card not less than 6 Months old
- Birth certificate
- Proof of citizenship if applicable

I _____ have read and understand what ADICA Trucking CO LLC, offers and is required to become an Owner Operator with ADICA Trucking Co. LLC

Signature_____ Date_____

ADICA TRUCKING & LOGISTICS, LLC

APPLICANT INFORMATION							
FIRST NAME		MIDDLE NAME		LAST NAME			
PHONE		EMAIL					
DATE OF BIRTH		SOCIAL SECURITY #					
DATE OF APPLICATION		POSITION APPLIED FOR			DATE AVAILABLE FOR WORK		

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
Attach additional sheet if more space is needed					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVOIUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS				
Attach additional sheet if more space is needed. Check this box if none ☐				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
Attach additional sheet if more space is needed. Check this box if none ☐			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	GRADUATE N	DETAILS
High School				☐	☐	
College				☐	☐	
Other				☐	☐	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

In case of emergency, contact: _____ Phone#: _____

Waiver- This is to inform you that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family, friends, neighbors or others whom are acquainted. This inquiry includes information as to your character general reputation, personal characteristics and mode of living, whichever maybe applicable.

You have my permission to perform these checks. I herby authorize company individuals to investigate and compile a complete history of my former employment together with any and all information concerning my ability, personal character, credit, arrest record, driving record, etc. I hereby release ADICA nature, which may result from this investigation of me.

I hereby authorize the present and past employers to furnish my previous employment record with them, with reason for separation, and any and all information which said company may have concerning me to the company's investigating agency. I authorize release of information for purposes of investigation of drug and alcohol results as required by section 382.405(f), 382.413(b) of the Federal Motor Carrier Safety Regulations. I also release present and past employers and their authorized individuals from any and all liability for damages whatsoever as a result for furnishing my past employment records.

I herby authorize any local, county, state or federal law enforcement agency to furnish all information regarding my arrest, convictions or information listed to the ADICA Trucking investigative agency including my Motor Vehicle Report and Pre-Employment Screening for roadside inspections in the past 36 months. I herby release said law enforcement agencies from any and all liability for damages, whatsoever which may result from furnishing any information concerning me.

Disclaimer and Signature

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date: ___/_____/_____** **SSN: XXX-XX ( )** _____

ADICA Trucking and Logistics Management Only:	
Position Title Interviewed For:	
Supervisor Over Position:	
Location:	
Pre-Employment Physical Schedule:	
If Hired Any Additional Dates Needed Off after Hire?	
Established Start Date:	
Rate of Pay Established:	
Approved By:	
Physical Results:	

Carrier Safety Regulations. I also release present and past employers and their authorized individuals from any and all liability for damages whatsoever as a result for furnishing my past employment records.

I hereby authorized any local, county, state or federal law enforcement agency to furnish all information regarding my arrest, convictions or information listed to the ADICA Trucking investigative agency including my Motor Vehicle Report and Pre-Employment Screening for roadside inspections in the past 36 months. I hereby release said law enforcement agencies from any and all liability for damages, whatsoever which may result from furnishing any information concerning me.

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

Signed: _____ Date:_____ SSN Last Four: _XXX-XX_(_____)__

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TRUCKING & LOGISTICS, LLC

Consent to employee drug and/or alcohol testing

I understand that submission to a drug and/or alcohol screen is a condition of employment with ADICA Trucking Company, LLC. I understand that, should my testing results be confirmed positive or I refuse to test, I will be subject to the company's disciplinary action, including possible discharge. I understand that a tampered with or an adulterated specimen will be considered refusal to test, resulting in possible discharge.

I hereby give my consent to release he results of my blood and/or urinalysis to ADICA Trucking Company, LLC, including their Workers Compensation Insurance Company, for determining the presence of alcohol and/or other drugs in my body for the duration of my employment.

I understand that if I am injured during the course and scope of my employment and I test positive for the presence of alcohol and/or drugs, I may forfeit my eligibility of medical indemnity benefits and immediate action, including possible discharge.

Be signing this form, I hereby release to ADICA Trucking Company, LLC and the Medical Review Officer the results of the test(s) to which I have consented. I further authorize ADICA Trucking Company, LLC to discuss the results with medical personnel/physician collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the result thereof and any of them herein. I also authorize ADIAC Trucking Company, LLC to discuss the results with its legal advisors and to see the test results as a defense to any legal action to which I am a party.

I further release any testing facility or any physicians who have tested me from any liability arising from a release of all results, written reports, medical records, and data concerning my test(s) to the appropriate Employer officials. I agree to have the results released to ADICA Trucking Company, LLC, and Medical Review Officer.

Employee or Applicant Signature: _____Date: _____

Print Name: _____ Last 4 SS#_____

Witness: _____Date: _____

ADICA TRUCKING & LOGISTICS, LLC

INQUIRY TO PAST EMPLOYER

Company: ADICA Trucking Co., LLC
Address: 20601 Trolley Industrial Drive
E-mail: DHamilton@ADICATrucking.com

Fax #: 313-429-2108
Phone #: 313-429-2114

Applicant's Name: _____ Social Security #: _____

You are hereby authorized to give to ADICA Trucking Co., LLC all information regarding my services; character and conduct while in your employ, and you are released from liability that may result from giving such information. In order to enable ADICA Trucking Co., LLC to comply with the requirements of 49 CFR, 382.413 & 391.23. I hereby consent to ADICA Trucking Co., LLC obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 CF 382.401 (b) (1) (I) through (III) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results and refusal to be tested within the three (3) years preceding the date of this application and 49 CFR 391.23(a)2 & (d) investigation of my past employment record. I hereby authorize and direct my prior employers to release such information to ADICA Trucking Co., LLC in personal interviews, telephone interviews, letter or any other method that insures confidentiality. I hereby authorize ADICA Trucking Co., LLC to release such information to any of its personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it.

Application's Signature: _____ Date: _____

********** STOP !!!!! DO NOT FILL OUT BELOW THIS LINE **********

Name of Company: _____ Phone #: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Period of Employment: From _____ To _____ Position Held: _____

Driver: Yes _____ No _____ Part-time _____ Full-time _____

Company Driver _____ Owner Operator _____ Driver for Owner Operator _____

Equipment: Van _____ Tank _____ Flatbed _____ Tractor _____ Straight Truck _____ Other _____

List areas in which applicant drove regularly: _____
Logs: Did applicant violate hours of service regulations? Yes _____ No _____
Accidents: Total Number: _____ Preventable _____ Non-preventable _____
D.O.T. Reportable Accidents: _____
Tickets: Yes _____ No _____ Describe _____
What license did applicant have? Class _____ State of issue _____
Why did applicant leave your employ?
Is applicant eligible for rehire? Yes _____ No _____ If no, why? _____
Was applicant's license ever suspended or revoked? Yes _____ No _____

In accordance with part 382.405, 382.413 and 40.25	Yes	No
Has this person ever tested positive for a controlled substance in the past three years?	____	____
Has this person ever had an alcohol test concentration of 0.04 or greater in the past three years?	____	____
Has this person ever refused a required test for drugs or alcohol in the past three years?	____	____
Has this person violated any other DOT agency drug and alcohol testing regulations?	____	____

Additional Comments: _____
Signature: _____ Title: _____ Date: _____

1st Attempt	2nd Attempt	3rd Attempt	4th Attempt
Date _____	Date _____	Date _____	Date _____
Time _____	Time _____	Time _____	Time _____
Method _____	Method _____	Method _____	Method _____
Contact_____	Contact_____	Contact_____	Contact_____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with __ADICA Trucking Company, LLC.,____("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize __ADICA Trucking Company, LLC.,__ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

ADICA
TRUCKING & LOGISTICS, LLC

Drivers Expectation Survey

Name _____ **Phone** _____ **Date** _____

1. **Why are you leaving the company you currently work for?**

   _____

   _____

   _____

2. **How many miles per week do you expect to get?** _____
3. **What would you like your gross pay to be every week?** _____
4. **How often do you need to get home?** _____
5. **Have you ever used electronic logs?** _____
6. **Do you know what your CSA scores are?** _____
7. **What is the biggest complaint you have had with the trucking companies you've previously worked for?**

   _____

   _____

   _____

   _____

   _____

   _____

HIRE RIGHT®

CDLIS ADDENDUM TO SERVICE AGREEMENT

This CDLIS Addendum to Service Agreement **("Addendum")** is between HireRight, LLC **("HireRight")** and the HireRight customer referenced in the signature block below or electronically signing hereto **("Subscriber")**, incorporates the terms of this Addendum into the parties' HireRight Service Agreement, or similarly named document, governing HireRight's provision of background screening services to Subscriber **("Agreement")** and is effective on the date of Subscriber's signature below or Subscriber's electronic signature.

1. **Effect of Addendum.** This Addendum is entered into only with Subscribers who have executed an underlying Agreement. This Addendum supplements the existing Agreement between the parties and does not modify, amend or delete any existing term therein except as expressly set forth in this Addendum. This Addendum shall be interpreted with the existing Agreement to form one agreement.

2. **Services.** As requested by Subscriber, HireRight agrees to provide Commercial Driver License Information System **("CDLIS")** records to Subscriber as part of HireRight's CDLIS product. "CDLIS" is a database administered by the American Association of Motor Vehicle Administrators **("AAMVA")** housing identification data (e.g., name, date of birth, social security number, etc.) about commercial drivers **("Drivers")** licensed in each state jurisdiction contained in the database. Master pointer records for each Driver **("Master Pointer Records")** are derived from this data. The "Master Pointer Record" can be used to "point" to a Driver's state of record **("State of Record")**, where, as available, detailed information about a Driver's commercial driving history may be found.

3. **Fees.** HireRight will invoice Subscriber for the CDLIS product in accordance with the terms of the Agreement, and such pricing will be based on pricing set forth in the Agreement or this Addendum, as applicable.

4. **Compliance Obligations.** Subscriber acknowledges that it is unlawful for Subscriber to submit a CDLIS record request to HireRight for any Driver unless Subscriber has obtained the Driver's consent. Such consent shall be written and substantially equivalent to the Form of Consent of Commercial Driver attached hereto as Attachment A **("Written Consent Requirement")**. Except as provided below, such written consent must be provided to Subscriber by the Driver on or before the date on which the request for the Driver's Master Pointer Record is submitted by the Subscriber to HireRight. The written consent of the Driver may be signed and dated by the Driver and provided to Subscriber within seven (7) calendar days following the date that the Subscriber submits a request for the Driver's CDLIS Master Pointer Record if, at the time the Subscriber submits a CDLIS query to HireRight, (i) the only interaction between the Driver and Subscriber has been by mail, telephone, computer or other similar means, (ii) the Driver has provided oral consent to the Subscriber for the submission of a CDLIS query, and (iii) the Subscriber has documented the Driver's consent. Subscriber agrees to maintain records of oral consents furnished by Drivers as well as the original consent forms from Drivers for at least five (5) years following the date Subscriber submits any CDLIS query with respect to that Driver and agrees to maintain its records in a manner that supports prompt and accurate verification of Subscriber's compliance with the foregoing provisions. Subscriber shall cooperate with compliance reviews conducted by or on behalf of AAMVA with regard to CDLIS inquiry consent requirements and shall promptly provide HireRight with copies of consents from Drivers on request. Subscriber further acknowledges that AAMVA requires HireRight to perform periodic audits to enforce the Written Consent Requirement in this Section 4, and that HireRight may temporarily or permanently block Subscriber's access to CDLIS in the event Subscriber fails to comply with the Written Consent Requirement or fails to timely provide documentation evidencing such compliance. Subscriber shall procure and use CDLIS records obtained pursuant to this Addendum only for locating a driver's State of Record for legally permissible purposes.

5. **Responsibility; Indemnification.** Subscriber assumes full responsibility for complying with the Written Consent Requirement. Subscriber shall indemnify, defend and hold harmless HireRight and its officers, directors, employees, affiliates, representatives, agents, contractors and Suppliers from and against any third-party claims, demands, suits, judgments, costs, expenses, losses and liabilities, including without limitation reasonable attorneys' fees, to the extent arising out of Subscriber's failure to comply with its obligations in this Addendum.

6. **Miscellaneous.** All capitalized terms used but not defined in this Addendum shall have the meanings assigned to such terms in the Agreement. The term of this Addendum will continue until terminated in accordance with the Agreement.

7. **Signature Authority.** Subscriber represents that this Addendum has been executed on its behalf by a representative authorized to bind Subscriber in all respects to the obligations contained in this Addendum.

AGREED:

Subscriber
Company Name*: ADICA Trucking Company, LLC,.
*[*use full legal entity name]*

Deborah Hamilton

Authorized Signature: Deborah Hamilton (Sep 9, 2019)

Name: Deborah Hamilton

Title: Deborah Hamilton

Date: Sep 9, 2019

ATTACHMENT A
FORM OF CONSENT OF COMMERCIAL DRIVER

A commercial driver may provide consent to the submission of a CDLIS Inquiry either by the following Instrument of Written Consent for CDLIS Inquiry or by a general form of consent that includes an expression of consent that is substantially equivalent.

INSTRUMENT OF WRITTEN CONSENT FOR CDLIS INQUIRY

I, the undersigned commercial driver, hereby authorize ADICA Trucking Company, LLC. (Company Name) to request or access data pertaining to me within the CDLIS Central Site, to obtain all CDLIS Master Pointer Record data relating to me (CDLIS Data), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law and the Driver Privacy Protection Act. I hereby further authorize the disclosure of my CDLIS Data and driver records to ADICA Trucking Company, LLC. (Company Name).

I hereby give this consent this ____ day of _____, 20__.

COMMERCIAL DRIVER

_____
[Signature]

_____ [print first] _____ [print last]