OWNER OPERATOR CRITERIA:

In keeping with the mission statement of Tiger Transportation, Inc., it is the goal of this company to qualify only safe, professional drivers.

To assist in achieving this goal, the following policy and procedures will apply. Following these procedures will ensure that we hire/contract only experienced qualified drivers who can pass stringent Tiger Transportation, Inc., policy and D.O.T. requirements.

The safe efficient transport of property is crucial to the success of our organization. In accordance with the U.S. Department of Transportation (D.O.T.) regulation, as adopted by The State of Texas, and in support of Tiger Transportations commitment to safety, all driver applications will be required to meet the following criteria to be considered for employment.

- Must be at least 23 years of age and meet all Federal Motor Carrier Qualifications.
- Must have a minimum of two (2) years of verifiable commercial motor vehicle driving experience in a Tractor Trailer, congested urban driving; intermodal driving experience preferred.
- Valid Commercial Driver's License (CDL) from state of residence.
- Must be self-certified as non-excepted interstate and be shown on their MVR.
- No more than three (3) moving violations in the past 36 months and no more than two (2) moving violations in the previous 12 months, and have no DOT reportable accidents in the last 12 months.
- The driver/applicant must have a suitable PSP approved by the Safety Director.
- Valid TSA Transportation Workers Identification Credential (TWIC).
- The driver/applicant must be able to read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language.
- No convictions for "serious or disqualifying traffic violation" within the last three (3) years. (See FMCSR parts 382, 391, 392, and 397) A "serious or disqualifying traffic violation" includes the following:
 - Excessive speeding, involving any single offense for any speed of 15 m.p.h. or more above the posted speed limit.

- Reckless driving, as defined by state or local law or regulation, including but not limited to the offense of driving a motor vehicle in willful or wanton disregard for the safety of persons or property.
- Improper or erratic lane changes.
- Following the vehicle ahead too closely/failure to maintain speed.
- Driving while intoxicated or under the influence of drugs.
- o Hit and run, leaving the scene of an accident, or failure to report an accident.
- Operating a CMV while using a handheld device.

Disqualifying Events:

Tiger Transportation, Inc., requires all applicants to pass a criminal background check. The following convictions are some of the disqualifying convictions.

- No DWI's or DUI's involving alcohol or drugs, illegal or prescription within the last ten (10) years. All offenses over ten (10) years will be at management discretion. May not have more than one.
- No convictions of "ANY" sexual related crimes or offenses. This is to include: rape, sexual
 assault, aggravated sexual assault, sexual assault of a minor, indecency with a child or
 any offense management deems as to this category.
- No assault convictions less than ten (10) years old. No distribution convictions if involved the use of a CMV.
- No felony convictions less than ten (10) years old. No misdemeanors less than five (5) years old.
- No multiple convictions of criminal activity within three (3) years.
- All other convictions will be at management discretion and review

The Safety Department is responsible for final qualification of driver applicants and will provide verification of eligibility. The Safety Department will quality driver applicants according to D.O.T. requirements and Tiger Transportations policy. Only Tiger Transportation, Inc., management can make an exception to these policies.

The following pages contain our driver application. It is important that you complete it accurately, truthfully, and completely. If you have any questions about the application, please call us at **(713) 666-5200**.

APPLICANT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability or any other protected group status.

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five-day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

Tiger Transportation, Inc.

Driver Application

First Name			
Middle Name			
Last Name			
SSN		Date of Birth	
Mobile Phone		Home Phone	
Address			
City			
Email			
If you were at above add			
Address			
City			
State			
Zip			
Emergency Contact:			
Name			
Phone			
Have you been previous	y employed by our Comp	pany? Yes No	
If yes, give ending date _			
Are you currently Emplo	yed? Yes No		
On what date will you be	e available for work?		
May we contact your pre	esent employer? Yes	No	

Tiger Transportation, Inc. Driver Application (continued)

Are you eligible to work in the United States	s? Yes No	
Driver's License #		
Expiration		
State		
Class		
Have you ever refused or tested positive for	a drug screen or BAC test? Yes _	No
Have you ever been convicted of, pleaded g guilty of a misdemeanor or felony offense?	uilty or nolo contendere to, or ot	therwise been found
(Do not include convictions that have been annulled by a court or by a youthful offendereferral to and participation in a diversion peliminate you from consideration for emplo	er adjudication or convictions tha rogram. Your conviction will not a	nt resulted in a
Vos. No.		

Please provide employment history for the proceeding preceding 10 years. (NOTE: <u>List all employers in order starting with the most recent</u>. Add another sheet if necessary.) Also, please explain any lapses in employment history.

EMPLOYER	DATE	DATE	
Name	From	То	
Address	Position Held	Position Held	
City	Salary/Wage		
Contact Person Phone Number	Reason for Leaving	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO N/A PLEASE CIRCLE ONE

EMPLOYER		DATE	
Name		From To	
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

	EMPLOYER	D	DATE	
Name		Fron	om	То
Address		Posit	Position Held	
City		Salar	lary/Wage	
Contact Person	Phone Number	Reas	ason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

EMPLOYER		DATI	DATE	
Name		From		То
Address		Position Held	Position Held	
City		Salary/Wage	Salary/Wage	
Contact Person	Phone Number	Reason for L	eaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

EMPLOYER DATE		DATE	
Name		From To	
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

	DATE	
EMPLOYER		
Name	From	То
Address	Position Held	
City	Salary/Wage	
Contact Person Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO N/A PLEASE CIRCLE ONE

EMPLOYER		DATE	DATE	
Name		From To		
Address		Position Held		
City		Salary/Wage		
Contact Person	Phone Number	Reason for Leaving		

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

	EMPLOYER DATE			
Name		From	То	
Address		Position Held	Position Held	
City		Salary/Wage		
Contact Person	Phone Number	Reason for Leaving		

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

EMPLOYER		DATE	DATE	
Name		From		
Address		Position Held		
City		Salary/Wage		
Contact Person	Phone Number	Reason for Leaving		

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? YES NO

	EMPLOYER	DATE		
Name		From	То	
Address		Position Held	Position Held	
City		Salary/Wage		
Contact Person	Phone Number	Reason for Leaving		

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? YES NO

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR. Part 40? YES NO

Driving Experience

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
Yes No
Has your license, permit, or privilege ever been suspended or revoked? YesNo
Have you ever been disqualified subject to Sec 391 (Qualification of Drivers) of the Federal Motor Carrier Safety Regulation? YesNo
List geographical areas where you have operated in the last five (5) years:
List special courses or training that will help you as a driver:
Have you ever been convicted or placed on probation for DUI/DWI? Yes No
Are you currently on probation or parole status? (A "yes" will not necessarily disqualify you) Yes No
Have you tested positive or refused to test on a pre-employment, random, reasonable suspicion, or post-accident drug test administered by an employer for a safety-sensitive transportation position covered by the Department of Transportation (DOT) drug and alcohol testing rules during the past two years? Yes

Driving Experience (Continued)

Type of Equipment	From	То
Straight Truck		
Tractor Semi Trailer		
Tractor - 2 Trailers		
Tanker		
Auto Carrier		
Refrigerated		

Accident History

List all accidents involving commercial or personal vehicles, and any involving property damage in the past 5 years. If none, click NONE.

		Nature of Accident (Head-on,			
	Date	Rear-end, Upset, etc.)	Fatalities	Injuries	Cited
Last					
Accident					
Next					
Previous					
Next					
Previous					
Next					
Previous					
None					

Traffic Convictions and Forfeitures

List all for the past 3 years (except parking violations). Failure to disclose information may result in termination.

Location	Date	Charge	Penalty	
None				

Applicant's Acknowledgement of Accuracy

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. I authorize Tiger Transportation, Inc. to make such investigations and inquiries of my personal, employment, financial, medical, criminal histories and other related matters. I have the full understanding that Tiger Transportation, Inc., reserves the right to arrive at a decision based on any information obtained from such inquiries and investigations. 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. I understand that false or misleading information given in my application or interview(s) may result in termination of contract. I understand that I am required to abide by all of the policies and procedures of Tiger Transportation, Inc., and regulations set forth by the Federal Motor Carrier Safety Administration.

Your Name:	 	 	
Signature:			
Jigilature.		 	
Date:			

FMCSA Drug/Alcohol Clearinghouse Notice

You must register as a driver in the FMCSA Drug/alcohol clearinghouse at https://clearinghouse.fmcsa.dot.gov/about and be sure to remember your user name and password!

As an applicant, you will be contacted to re-enter the Clearinghouse portal in order to grant permission for us to conduct a Full Query.

Failure to register or grant permission will delay and/or prevent you from being considered for employment.

Your Name:		
Signature:	 	
Data		
Date:		