

Subhauler Application Sheet

CONTACT INFORMATION:

Company Name: _____

Driver Name (if different from company name): _____

Contact Phone Number(s): _____

Contact Address: _____
Street Number(Apt. No.) City State Zip Code

Email Address: _____

COMPANY/DRIVER INFORMATION: (Circle Answers)

What Lanes do you prefer to run in California?	Local SoCal	Line (NorCal & SoCal)
Hazmat Certified:	YES NO	
TWIX Certified:	YES NO	
Do you own your truck?	YES NO	
Do you own your own trailer?	YES NO	

Please Email or Mail a Copy of this Form Filled Out Along with Clear Copies of the Following:

DRIVERS LICENSE

MEDICAL CARD

PROOF OF CARGO INSURANCE

EMAIL: WADETRANSPORT@SBCGLOBAL.NET

MAILING ADDRESS:

WADE TRANSPORTATION CO., INC.

P.O. BOX 86045

LOS ANGELES, CA 90086-0045