

Benefits of working with UrTruckBroker

Thank you for your interest in becoming an Agent for UrTruckBroker. Here is what you can expect as one of our valued Agents.

 We have a training program and provide one on one tutoring as needed. (you are required to stay with us one year to receive tuition reimbursement) Choice of Commission plans
_ We will guide you step by step to build your business.
_ You will be an independent Agent and be self employed.
_ No territory restrictions. Global Service area
_ We provide back office support.
_ You will use our Software and Broker resources.
_ You are free to use additional resources as you deem necessary.
_ We handle all billing, Client Credit checks, Carrier Safety checks.
_ We provide licensing, bonding, and necessary insurance and brokertools.
_ You will be able to work with all Customers and Carriers currently in our system
_ You are not required to have your own customer base but are free to use any Customers or Carriers that would not violate any previous confidentiality agreement.
_ We use a Factoring company to manage our accounts receivable. You will be pay on Fridays for any invoices we receive payment on by the previous Wednesday.
_ You receive lifetime commissions on any agent you refer to UrTruckBroker as long as both of you remain with the company.
_ We have occasional competitions for various Prizes and Cash Bonuses.
Liberal Confidentiality Agreement.



BENEFITS OF USING URTRUCKBROKER CORP WE TAKE THE HASTLE OUT OF SHIPPING YOUR FREIGHT

TRANSPARENCY COMPLIANT

40 YEARS TRANSPORTATION EXPERIENCE

CONTIGENT CARGO INSURANCE \$100,000.00 (we handle the claims so you can take care of your customers)

You get paid faster so you can take care of your customer.

QUALITY CARRIERS AND OWNER OPERATORS (we do complete safety and backround checks on all carriers) (we monitor their SMS and CSA scores every load)

NATIONWIDE, CANADA, MEXICO SERVICE

FLATBED, SPECIALIZED EQUIPMENT, VANS REEFERS – TEMPATURE CONTROLLED

DAILY UPDATES ON YOU FREIGHT

LOAD TRACKING via DRIVER GPS

DEDICATED SERVICE

SBA CERTIFIED BUSINESS

SERVICE DISABLED VETERAN OWNED SMALL BUSINESS

GSA AND FEMA CONTRACTOR

HIGH VALUE LOADS ON REQUEST (with increased cargo insurance only minutes to activate)

EXPEDITED SERVICE (TEAMS)

INTERMODAL SERVICE

AIR SERVICE

PORT SERVICES



What we offer Carriers and Owner Operators

- 1. Cost Plus Fuel Card
- **2.** Checks mailed in 21 days



We use SevenOaks Capital Associates LLC

- 3. 3 day quick pay
- 4. Permit service
- 5. Load planning (pre-plan return load finding service)
- 6. Truck and Fleet Management
- 7. Government Freight
- 8. Trip Planning
- **9.** EFS Fleet services
- **10.** Insurance discounts (group rates)
- 11. Submit paperwork via Fax, eMail, or Smart Phone
- 12. Direct Deposit or EFS express code
- 13. 40% Fuel Advance once pickup is confirmed
- 14. Free secure eMail address
- **15.** Free Website and hosting.
- 16. Sams club membership for drivers that haul 2 or more loads per year.

LET URTRUCKBROKER BE YOUR BROKER OF CHOICE!



New Agent Application Instructions

- 1. Your application must be completed in full. No blank spaces. (if an area does not apply to you then put none or N/A)
- 2. We are looking at your application as an agent and attention to detail and correct typing and spelling are a must. If you make a lot of errors on your application it will be declined. We will assume that you will conduct your business the same way. So! please do not waste your time and ours by submitting incomplete, inaccurate, or hastily prepared documents. Don't try to hide anything cause it will be discovered in your background check.
- 3. Return your completed application along with a copy of your Picture Id to info@urtruckbroker.org
- 4. Part of your application is completing the essay below.

Briefly give me a narrative of your background and history if any in the transportation industry. Also, explain if you are going to work full time or part time, if you have any training or need to go through our school. Give me an idea of the time you can commit to this on a daily basis.





Applicant Name (print)	e			Date of Application	
(pinit)	Company				<u>_</u>
					*
				Zip	_
a.	City		State		_
	are considered for	all positions without re	gard to race, color, r	ortunity laws, qualified applica eligion, sex, national origin, a other protected group status.	
		TO BE READ AN	ID SIGNED BY APP	PLICANT	
and other regarding mel hereby relinquiries and in the even	elated matters as nedical history will lease employers, so releasing informat of employment, I result in discharg	may be necessary in the made only if and schools, health care pation in connection with also that fals	in arriving at an e after a conditional providers and other th my application. se or misleading in	al, employment, financial or mployment decision. (Gen offer of employment has l r persons from all liability i formation given in my app ed to abide by all rules an	nerally, inquiries been extended.) in responding to
I understanemployer(s)	d that information will be contacted,		nvestigating my saf	vious employers may be u ety performance history as	
Review interest.	formation provided	by previous employe	rs;		
		on corrected by previo prospective employer		or those previous employer	s to re-send the
		attached to the alleg by of the information.	ed erroneous infor	mation, if the previous en	nployer(s) and I
By typing n	my full signature on the line	e below I agree to accept this as	my legal signature for this	document.	
Signature Date					
FOR COMPANY USE					
		PRO	CESS RECORD		
APPLICANT HI	RED		REJECTED	·	<u> </u>
DATE EMPLOY	PATE EMPLOYED POINT EMPLOYED				
DEPARTMENT (IF REJECTED, S	DEPARTMENT CLASSIFICATION CLASSIFICATION				
SIGNATURE OF	INTERVIEWING OFFICE	ER			
		TERMINATIO	ON OF Agreemer	nt	
DATE TERMINAT	ED		- .	SED FROM	
				OTHER	
			-	- · · / - · · · · · · · · · · · · · · ·	

SUPERVISOR .

TERMINATION REPORT PLACED IN FILE _

APPLICANT TO COMPLETE

(answer all questions - please print)



Position(s) App	olied forFreight Broker In	dependent Agent			MC 744384	
NameLast	·	First	S	Social Security No.	•	·
List your addres	sses of residency for the pas	t 3 years. Business Name y	ou wish to use			
Current Addres	Street		Ci	ity		
Previous Addresses	State	Zip Code		to 0. Tin Code	How Long? _	yr./mo.
	Street	City		te & Zip Code te & Zip Code	How Long?_	yr./mo.
	Cell Phone	Fax Numb	per	eMail add	ress	
Date of Birth (Required for Cor	mmercial Drivers)	/ Can yo		9?	Ko	
	ed for this company before? To			Position	n	
Reason for leav			O)to	10°		
Are you now en	nployed? If not, h	now long since leaving las	st employment?	SILL I		
Who referred yo	ou?			Rate of pay expecte	ed	· · · · · · · · · · · · · · · · · · ·
Have you ever l	been bonded?		N.	lame of bonding c	ompany	
Have you ever t	been convicted of a felony? _	C.D.	CACA			
If yes, please e will be consider	explain fully on a separate shored.	eet of paper. Conviction o	of a crime is not an	automatic bar to e	employment-all cir	cumstances
Is there any reattached job de	eason you might be unable escription]?	to perform the functio	ns of the job for v	which you have a	applied [as desc	ribed in the
If yes, explain i	if you wish.					
	7,0	EMPLOYMEN	T HISTORY			

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 5 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME		FROM	ТО	
ADDRESS		POSITION HELI	D	
CITY	STATE ZIP	SALARY/WAGE		
CONTACT PERSON	PHONE NUMBER	REASON FOR I	EAVING	
WERE YOU SUBJECT TO THE FM	CSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO			
WAS YOUR JOB DESIGNATED AS TESTING REQUIREMENTS OF 49	A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MC CFR PART 40? ☐ YES ☐ NO	DDE SUBJECT TO THE	DRUG AND ALCOHOL	

EMPLOYMENT HISTORY (continued)



	EMPLOYER		DATE
NAME			FROM TO
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs [†] W	HILE EMPLOYED?	YES NO	
WAS YOUR JOB DESIGNATED AS A SAFE TESTING REQUIREMENTS OF 49 CFR PAR		CTION IN ANY DOT-REGULATED MODE SUBJ IO	ECT TO THE DRUG AND ALCOHOL
	EMPLOYER		DATE
NAME		and the second second second	FROM TO
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs [†] W	HILE EMPLOYED?	□YES □NO	1
WAS YOUR JOB DESIGNATED AS A SAFE TESTING REQUIREMENTS OF 49 CFR PAR		CTION IN ANY DOT-REGULATED MODE SUBJ	ECT TO THE DRUG AND ALCOHOL
	EMPLOYER		DATE
NAME		200	FROM TO
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs [†] W	HILE EMPLOYED?	⊒YES □NO	
WAS YOUR JOB DESIGNATED AS A SAFETESTING REQUIREMENTS OF 49 CFR PAR		TION IN ANY DOT-REGULATED MODE SUBJ IO	ECT TO THE DRUG AND ALCOHOL
	EMPLOYER	021	DATE
NAME		74.	FROM TO
ADDRESS		0	POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO			
	EMPLOYER		DATE
NAME			FROM TO
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO			
		TION IN ANY DOT-REGULATED MODE SUBJ	ECT TO THE DRUG AND ALCOHOL
TESTING REQUIREMENTS OF 49 CER PAR			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your Previous Employment, Previous drug and alcohol test results and criminal background history may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations, or are required as a condition of employment as an Employee or Independent Agent for UrTruckBroker.

By typing my full signature on the line below I agree to accept this as my legal signature for this document.

Applicants Signature	Date
Print Applicants Name	Social Security Number
Applicants Complete Address	Applicants Date of Birth