

BROTHERS FREIGHT TRANSPORT LLC

Lease-to-Own Program — Driver Application

MC 1498869 · USDOT 3993585
Utica / Syracuse, NY
dispatchbrothersfreight@gmail.com

Complete every section. Incomplete applications delay review. All information is verified — MVR, PSP, and FMCSA Clearinghouse checks are run with your consent (Section 7). This application is not a lease offer and creates no obligation on either party.

1 APPLICANT

FULL LEGAL NAME	DATE OF BIRTH	SSN (FOR MVR / CREDIT)
CURRENT STREET ADDRESS	CITY / STATE / ZIP	YEARS AT ADDRESS
CELL PHONE	EMAIL	EMERGENCY CONTACT (NAME + PHONE)
BUSINESS ENTITY (IF ANY) ☐ None ☐ Sole prop ☐ LLC		ENTITY NAME / EIN

2 CDL & MEDICAL

CDL CLASS A NUMBER	ISSUING STATE	EXPIRATION	ENDORSEMENTS
DOT MEDICAL CARD EXPIRATION	EVER SUSPENDED / REVOKED? ☐ No ☐ Yes — explain in Sec. 4		REGISTERED IN FMCSA CLEARINGHOUSE? ☐ Yes ☐ No

3 EXPERIENCE

YEARS CDL-A EXPERIENCE	YEARS REEFER EXPERIENCE	AVG MILES / MONTH (LAST 12 MO)	CURRENT STATUS ☐ Company ☐ Lease ☐ O/O																
<table><thead><tr><th>CARRIER (MOST RECENT FIRST)</th><th>POSITION</th><th>FROM — TO</th><th>REASON FOR LEAVING</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				CARRIER (MOST RECENT FIRST)	POSITION	FROM — TO	REASON FOR LEAVING												
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4 SAFETY RECORD — LAST 3 YEARS

ACCIDENTS (ANY) ☐ None ☐ Listed below		MOVING VIOLATIONS ☐ None ☐ Listed below		DUI / RECKLESS (EVER) ☐ No ☐ Yes	
DATE	TYPE (ACCIDENT / VIOLATION)	DESCRIPTION			PREVENTABLE?

5 FINANCIAL READINESS

DOWN PAYMENT AVAILABLE _____

COMFORTABLE WEEKLY TRUCK PAYMENT _____

BANKRUPTCY LAST 7 YEARS?

☐ No ☐ Yes (year: _____)

OTHER EQUIPMENT LOANS / LEASES NOW?

☐ No ☐ Yes — payment \$ _____ /mo

CAN YOU COVER 2 WEEKS OF FUEL + EXPENSES AT START?

☐ Yes ☐ No

6 PROGRAM UNDERSTANDING — WEEKLY SETTLEMENT DEDUCTIONS

Every cost below is disclosed before you sign anything. Initial each line to confirm you understand it comes out of your weekly settlement. (Amounts are set in the lease itself.)

DEDUCTION	WHAT IT IS	INITIALS
Truck payment	Fixed weekly payment toward ownership; payoff schedule attached to lease	
Maintenance escrow	Reserve held for repairs — yours, refundable balance shown on every settlement	
Insurance (physical damage, bobtail, occ-acc)	Weekly premium while on Brothers' authority	
Plates / permits / IFTA	Prorated actuals, receipts available on request	
Fuel & tolls (if advanced)	Only what you actually used — itemized	

PREFERRED LEASE TERM

☐ 24 mo ☐ 36 mo ☐ 48 mo

TRUCK OF INTEREST (UNIT # OR SPEC) _____

TARGET START DATE _____

7 AUTHORIZATIONS & CERTIFICATION

I certify that everything in this application is true and complete. I authorize Brothers Freight Transport LLC and its agents to obtain my motor vehicle record (MVR), FMCSA Pre-Employment Screening Program (PSP) report, and Drug & Alcohol Clearinghouse record, to verify my employment history, and to obtain a consumer credit report solely for evaluating this lease application. I understand: (1) this application is not an offer, and no lease exists until a written lease agreement compliant with 49 CFR Part 376 is signed by both parties; (2) any lease will itemize every charge-back and show my escrow balance on each settlement; (3) providing false information is grounds for denial or termination. A photocopy or electronic copy of this authorization is as valid as the original.

APPLICANT SIGNATURE _____

DATE _____

PRINTED NAME _____

OFFICE USE ONLY

RECEIVED BY / DATE _____

MVR ORDERED

☐ PSP ☐ Clearinghouse ☐

DECISION

☐ Approve ☐ Decline ☐
More info

ASSIGNED UNIT / NOTES _____

REVIEWER SIGNATURE _____