



IC TRACTOR SET UP FORM



BASIC INFORMATION TO SET UP IN TMW

Unit VIN _____
 Unit Year / Make / Model _____
 Unit Owner, stated on Title _____
 Unit Driver, if different _____
 Mailing Address _____

 Phone Number: _____
 Email: _____

TRUCK MAINTENANCE SET UP IN TMT

Last Oil Change Date: _____
 Mileage of Last Oil Change: _____
 Current Maintenance Plan: _____
 Example: every 90 days, every 15,000 miles, etc.
 Last State Inspection Date: _____
 What State? _____
 Please be provide copy.

PLATES SET UP

Does Truck Currently Have Plates? _____
 What Type of Plates? _____
 Example: Combination / Apportioned Plates
 Tractor Value? _____
 Current Plate Number & State: _____

INSURANCE SET UP

Does your truck have a Lienholder? _____
 Name of Lienholder: _____
 Lienholder Address: _____

PAYROLL SET UP

WEEKLY OR MONTHLY? _____

I certify that the above are all my selections for tractor set up. If there are any changes, I understand I need to request and complete this form to update my set up.

Independent Contractor Owner: _____
 Independent Contractor Signature: _____
 Date: _____