



INDEPENDENT CONTRACTOR DATA SHEET

TERMINAL: _____

DATE: _____

UNIT #: _____

TO BE FILLED OUT BY AUTHORIZED EMPLOYEE REVIEWING TITLE, IRS Form 2290, and EMPTY SCALE TICKET.
 Information on this form is based on Contractor's Title/Registration/Title Application Receipt/Cab Card, proper identification of Tractor Owner, IRS Filing 2290, empty scale ticket and proof of maintenance.

Truck Owner: _____

Contractor's Personal Name (if different from above): _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone #: _____

Contractor's Federal ID #: _____

Contractor must provide written proof of last PM and provide next maintenance scheduled.

PM Codes		Last Oil Change Date & Mileage	Future PM Settings
PM1	Grease / Inspection		
PM2	Oil Change / Filter		
PM3	Diff / Oil Change		

Description of Vehicle:

Total Tare Weight: _____ lbs.

TO BE FILLED OUT BY STC SHOP

Year: _____

Odometer: _____

Make: _____

Tire Size: _____

Model: _____

Axles: _____

VIN #: _____

In Service Date: _____

License Plate #: _____

Date Cancelled: _____

License State: _____

Truck Height: _____
MUST BE LESS THAN 13 FEET

Wheel Base: _____ in.

Cab Type: Sleeper Non Sleeper

Fifth Wheel Height _____ in.
SHOULD BE BETWEEN 50 TO 52 INCHES IN HEIGHT

Pump: Yes No

Compressor: Yes No

Engine Make: _____

In Transit Heat: Yes No

Engine Model: _____

Blower: Yes No

Rated Horsepower: _____

Compatible for PeopleNet: Yes No

Comments: