



WELCOME

Thank you for your interest in Meadow Lark.

OUR WORD IS OUR BOND

Meadow Lark Companies vow to protect the Recipient's confidential material & information which may be disclosed between Meadow Lark Companies and the Recipient.

"Confidential Information" includes without limitation:

Business records and plans, Customer Lists, Personal Information, any other proprietary information Meadow Lark Companies will hold the Confidential Information in confidence and will not disclose the Confidential Information to any person or entity without the prior consent of the Recipient.

WHAT TO EXPECT

Please fill out this Agent Application. After the discovery phase is complete, the Agent Committee will accept or disqualify moving forward as a partnership. If accepted, Meadow Lark will begin running information and transition...

THANK YOU

We appreciate your time and interest in Meadow Lark's Agent Program. Meadow Lark believes that through our commitment to the industry once you make the switch to our company, you will always be glad you did. We are excited and pleased that you have decided to look at our program and look forward to many years together. If you have any further questions, please feel free to contact us online at www.meadowlarktransport.com or give us a call at (406) 237-0881.



Nikki Bessette
Vice President of Transport
nbessette@meadowlarkco.com



Kathy Farquhar
Agent Recruiter
(406) 237-0881
kfarquhar@meadowlarkco.com

Independent Agent Application

PERSONAL INFORMATION

Full Legal Name:		SSN:	US Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N
Primary Home Address:			
City:		State:	Zip:
Phone:	Cell:	Fax:	
Email:		Website:	
Ever file Bankruptcy? <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, when & where:		
Ever convicted of a Felony? <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, please explain:		
Any Current or Potential Litigation:			

BUSINESS INFORMATION

Please describe your industry background:			
Companies represented in the last 5 years:			
Company name	Address	Phone	Contact
Business Name:		Owner:	
Address:			
Do you have the authority to make binding decisions for this company? <input type="checkbox"/> Y <input type="checkbox"/> N			Tax ID #:
Are you currently an agent for other companies? <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, for how many years?	Company Name(s):	
What commodities do you ship?			
Customer Base: Customer (%)	Load Board (%)	3PL (%)	How long in Business:
# of Company Trucks:	# of Owner/Operators:	How many will be leased to Meadow Lark?	
Broker Authority: MC#		Transport Authority: MC#	
What is your current annual revenue?		What is your projected annual revenue?	
Are you in a non-compete agreement? <input type="checkbox"/> Y <input type="checkbox"/> N	Phone Lines: <input type="checkbox"/> One <input type="checkbox"/> 2+	Fax #	
Years of computer experience:	High Speed Internet: <input type="checkbox"/> Y <input type="checkbox"/> N	Operating System:	
Projected Sign-on Date:	# of Employees:	Is your office in your home? <input type="checkbox"/> Y <input type="checkbox"/> N	
Professional References (<i>not family or employees</i>):			
Reference Name	Title	Contact Information	

I certify that all the answers given herein are true and complete. Meadow Lark is authorized to make any inquiries and contact any person, entity or governmental agency identified herein to verify the information provided and such persons, entities or governmental agencies are authorized to disclose such information to Meadow Lark. Completion of Application is not a guarantee of grant of Appointment of Agent. Please provide your W-2 or 1099 for the latest tax year.

Signature: _____ Title: _____ Date: _____

Employee List

Employees that require software training:

Name	Job Title	Phone	Email

Driver List

Please provide a list of your current drivers. By providing this list you are authorizing Meadow Lark to contact Owner Operators listed to educate them on Meadow Larks Program.

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver List (cont.)

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Driver Name:		SSN:		DOB:	
State Issuing DL:	DL:	Years Employed:	Est. sign on date:		
Equipment Make:	Model:	Year:	VIN:		

Authorization to Release Records

Disclosure and Release – Agent

In connection with your employment or application for employment (including contract for services) through Meadow Lark Agency, Inc., consumer reports (Investigative Consumer Reports in California) may be requested from HireRight (formerly USIS Commercial Services). These reports may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and drug/alcohol use. Such reports may contain public record information concerning your workers compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies that maintain such records; as well as information from HireRight concerning previous record requests made by others from such state agencies and state provided records.

You have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the explaining of any coded information, the sources of information and the recipients of any reports on you that HireRight has previously furnished within the past two year period preceding your request (3 years in California). HireRight may be contacted by mail at: P.O. Box 33181, Tulsa, OK 74153 or by telephone at 800-381-0645. You may also bring a third party with you to view the information at the HireRight offices if this person provides proper identification.

I AUTHORIZE, WITHOUT RESERVATION, HIRERIGHT AND ANY OTHER PARTY OR AGENCY CONTACTED BY HIRERIGHT TO FURNISH ABOVE MENTIONED INFORMATION.

I hereby consent to your obtaining the above information from HireRight, and I agree that such information which HireRight has or obtains in my employment history (not DOT drug and alcohol information without a specific consent by me) with you if I am hired, will be supplied by HireRight to other companies which subscribe to HireRight. I hereby authorize procurement of consumer reports as set forth above.

If hired or contracted, this authorization for reports covered by this release only shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: _____ Title: _____

Applicant Signature: _____ Social Security #: _____

Today's Date: _____ Date of Birth: _____

Authorization to Release Records

Disclosure and Release – Driver(s)

In connection with your employment or application for employment (including contract for services) through Meadow Lark Transport, Inc., consumer reports (Investigative Consumer Reports in California) may be requested from HireRight (formerly USIS Commercial Services). These reports may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and drug/alcohol use. Such reports may contain public record information concerning your driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies that maintain such records; as well as information from HireRight concerning previous driving record requests made by others from such state agencies and state provided driving records.

We also will obtain driving/accident and safety inspection history records maintained by the Federal Motor Carrier Safety Administration (“FMCSA”).

You have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the explaining of any coded information, the sources of information and the recipients of any reports on you that HireRight has previously furnished within the past two year period preceding your request (3 years in California). HireRight may be contacted by mail at P.O. Box 33181, Tulsa, OK 74153 or by telephone at 800-381-0645. You may also bring a third party with you to view the information at the HireRight offices if this person provides proper identification.

I AUTHORIZE, WITHOUT RESERVATION, HIRERIGHT, FMCSA AND ANY OTHER PARTY OR AGENCY CONTACTED BY HIRERIGHT TO FURNISH THE ABOVE MENTIONED INFORMATION.

I hereby consent to your obtaining the above information from HireRight, and I agree that such information which HireRight has or obtains in my employment history (not DOT drug and alcohol information without a specific consent by me) with you if I am hired, will be supplied by HireRight to other companies which subscribe to HireRight. I hereby authorize procurement of consumer reports as set forth above.

If hired or contracted, this authorization for reports covered by this release only shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

I consent to you obtaining the above information from FMCSA. I understand that the FMCSA maintains sole control over that data and you cannot change or alter such information. If I dispute any information maintained by FMCSA, I must personally contact the FMCSA by accessing the DataQs System at: <https://dataqs.fmcsa.dot.gov>.

Print Applicant Name: _____

Title: _____

Applicant Signature: _____

Social Security #: _____

Today's Date: _____

Date of Birth: _____

Customer / Reference List

Company Name:		
Physical Address:		
City:	State:	Zip:
Main Contact:		
Local Phone:	Cell Phone:	Fax:
Email Address:		
Commodity(s):		
Current Volume (\$/month):	Projected Volume (\$/month):	

Company Name:		
Physical Address:		
City:	State:	Zip:
Main Contact:		
Local Phone:	Cell Phone:	Fax:
Email Address:		
Commodity(s):		
Current Volume (\$/month):	Projected Volume (\$/month):	

Company Name:		
Physical Address:		
City:	State:	Zip:
Main Contact:		
Local Phone:	Cell Phone:	Fax:
Email Address:		
Commodity(s):		
Current Volume (\$/month):	Projected Volume (\$/month):	

Company Name:		
Physical Address:		
City:	State:	Zip:
Main Contact:		
Local Phone:	Cell Phone:	Fax:
Email Address:		
Commodity(s):		
Current Volume (\$/month):	Projected Volume (\$/month):	