R&F WHITE'S CONSTRUCTION, LLC

Sub-Hauler Application · Independent Contractor Qualification

GDOT VENDOR #18355

DBE · MBE · WBE Certified · NAICS 484220

1820 Highway 20 SE Ste 114, Conyers, GA 30013 · (404) 380-5006

Complete this application to be considered for sub-hauling work. Attach copies of items listed on page 2.

Email completed application + attachments to contractors@rfwhitesconstruction.com or fax to dispatch.

1. COMPANY INFORMATION

LEGAL COMPANY / DBA NAME

OWNER / PRINCIPAL NAME

FEDERAL EIN OR SSN

MAILING ADDRESS

CITY

STATE

ZIP

PHYSICAL ADDRESS (IF DIFFERENT)

BUSINESS PHONE

CELL / DISPATCH PHONE

EMAIL

ENTITY TYPE

☐ Sole Proprietor ☐ LLC ☐ S-Corp ☐ C-Corp ☐ Partnership

CERTIFICATIONS (CHECK ALL THAT APPLY)

☐ DBE ☐ MBE ☐ WBE ☐ SBE / SBA ☐ None

2. MOTOR CARRIER & DOT AUTHORITY

USDOT NUMBER

MC NUMBER (IF INTERSTATE)

GA MCS-90 ON FILE

OPERATING RADIUS (MI)

OPERATING AUTHORITY (CHECK ALL)

☐ Intrastate GA ☐ Interstate ☐ Hazmat endorsed

3. EQUIPMENT AVAILABLE

#	YEAR	MAKE / MODEL	VIN (last 6)	TAG #	BODY TYPE	CAP. (TONS)	OWN / LEASE
1							
2							
3							
4							

4. INSURANCE COVERAGE (ATTACH CURRENT CERTIFICATES)

AUTO LIABILITY CARRIER

AUTO LIABILITY POLICY #

LIABILITY LIMIT ($)

POLICY EFFECTIVE

POLICY EXPIRES

WORKERS' COMP CARRIER (OR SOLE-PROPRIETOR WAIVER ON FILE)

WC POLICY #

WORKERS' COMP STATUS

☐ Active policy ☐ GA sole-proprietor waiver on file ☐ None (must obtain before dispatch)

5. DRIVERS

#	DRIVER NAME	CDL #	STATE	CDL CLASS	MED. EXP.	YRS EXP.
1						
2						
3						
4						

6. EXPERIENCE & REFERENCES

YEARS IN BUSINESS

PRIOR PRIMES WORKED FOR (NAME A FEW)

REFERENCE 1 — COMPANY

CONTACT & PHONE

REFERENCE 2 — COMPANY

CONTACT & PHONE

7. MATERIALS HAULED & PAY PREFERENCES

MATERIALS YOU REGULARLY HAUL (CHECK ALL)

☐ Aggregate / stone ☐ Dirt / fill ☐ Sand ☐ Asphalt

☐ Wet concrete ☐ Demo debris ☐ Millings ☐ Other

PREFERRED PAY BASIS (CHECK ALL ACCEPTED)

☐ Hourly ☐ Per load ☐ Per ton

8. PAYMENT SETUP (W-9 REQUIRED BEFORE FIRST DISPATCH)

PAYEE NAME ON W-9

BANK NAME (FOR ACH)

ROUTING #

ACCOUNT #

ACCOUNT TYPE

☐ Checking ☐ Savings

9. APPLICANT ACKNOWLEDGMENT

I certify that all information provided is accurate. I understand R&F White's Construction, LLC engages me as an independent contractor — not an employee — and that dispatch is contingent on current insurance, valid CDL, DOT medical card, W-9 on file, and a signed Subcontractor / Owner-Operator Agreement. I acknowledge the 7% broker fee withheld from gross pay per the Subcontractor Agreement, and 15-day invoice terms. I authorize R&F to verify all information, run an MVR/DOT check, and contact the references above.

APPLICANT SIGNATURE

DATE

PRINTED NAME

TITLE

ATTACHMENTS REQUIRED WITH THIS APPLICATION

- ☐ Certificate of Insurance (auto liability + physical damage) — R&F as Certificate Holder + Additional Insured
- ☐ Workers' Comp Certificate OR Georgia sole-proprietor waiver
- ☐ Copy of CDL(s) and current DOT Medical Card(s) for each driver
- ☐ Copy of most recent annual DOT vehicle inspection for each truck
- ☐ Completed IRS Form W-9
- ☐ Signed Owner-Operator / Subcontractor Agreement (provided separately)