



Dear Prospective Owner Operator,

Thank you for your interest in joining Trans-United, Inc.

Trans-United, Inc., established in 1964, is a family owned specialized carrier with concentration on over dimensional plant machinery hauling. We pride ourselves on the core values inherent within the foundation of the company and our daily interactions; honesty and integrity.

As an Owner Operator for Trans-United, Inc. you will be treated as a professional business partner. We will provide you the tools necessary to successfully manage your business and empower you with the ability to make decisions and reach desired income. The fluctuating price of fuel makes it tough for truck owners to earn a decent income. The Trans-United, Inc. philosophy is to protect the truck. Owner Operators are paid 100% of fuel surcharges billed to our customers.

Our elite Network of Owner Operators are comprised of the most professional and experienced drivers in the industry. We are excited you have chosen to consider our company to become a member of this elite Network.

Please contact me at the number listed below if you have questions that may help make your decision.

I look forward to hearing from you soon and welcoming you to our team.

Most Sincerely,

Tom Boo
Director of Safety / Recruiting
P: 877-762-3111 x 237
F: 219-763-4933



TRANS-UNITED, INC. OWNER OPERATOR BENEFITS

★ Ranked No. 48 of the TOP 50 carriers by International Cranes & Specialized Transport; 2008

★ Ranked No. 33 out of the TOP 50 carriers selected by American Cranes & Transport; 2008

NON-FORCED DISPATCH

- **ONLINE LOAD AVAILABILITY.** As a T-U Owner Operator, you will have access to our load board that provides line haul, fuel, tarp, deadhead, and toll amounts billed to our customer. Calculate how much you will make on a load before accepting it.
- Direct access to T-U Agents.
- Access to Internet Truckstop load boards through T-U provided passwords.
- Your Dispatcher will help get you out of tough spots.

DRIVER FACILITIES

- 24-hour access to our drivers lounge.
 - Showers
 - Laundry
 - TV
 - Computer w/ Internet Accessibility.

MAINTENANCE FACILITY

- Shop Hours; Monday –Friday 8:00-4:30
- Free Truck/Trailer Wash Bay
- National Tire Accounts
- National Fuel Discounts
- Safety Equipment Discount
- Reasonably priced Parts and Supplies
- \$65 per Hour Labor Costs
- Roadside Inspection Bonus (no violations)

INSURANCE

Trans-United, Inc. provides the following insurance coverage at no charge.

- Liability \$2,500 Deductible
- Cargo \$2,500 Deductible
- Wet or Rusted Cargo \$5,000 Deductible
- Company Trailer Insurance

HEALTH INSURANCE

- Individual Health Insurance plans available.
- AFLAC Supplemental Health Insurance plans available for purchase:
 - Life Insurance
 - Personal Accident Insurance
 - Dental Insurance
 - Cancer Indemnity
 - Short-term Disability

MONEY

★ ALL PAY BASED UPON 100% OF LINE HAUL

EARN A % OF BILLED CHARGES	IF YOU OWN A TRAILER	PULLING A T-U TRAILER
LINE HAUL	75 %	65 %
~ Power Only Loads	70 %	65 %
STOP OFF	85 %	75 %
DETENTION	85 %	75 %
DEADHEAD	85 %	80 %
TARP FEE	100 %	100 %
FUEL	100 %	100 %

TRAILER FEES: Rent a T-U Trailer.

○ Up to 3 Axles = 10% AND Over 3 Axles = 20%

SETTLEMENTS

- Weekly Settlements
- Paperwork in by Monday at 5 PM, Get Paid Friday
- Check Mailed to house, or
- Pick up check at T-U offices after NOON Friday
- 5% of Line Haul Advances available on Card
- \$800, or 250 gallons, per day for Fuel is available.

TRANSFLO: Mail paperwork or sign up for Transflo.

- \$25 Per Month

SAFETY INCENTIVE

Incentives are based on having no DOT reportable or chargeable accidents or claims. Out of service violations may also affect incentives.

- Additional 1% after 1st consecutive year
- Additional 1% after 2nd consecutive year
- Additional 1% after 5th consecutive year

PREPASS: \$15 a MONTH with \$100 DEPOSIT

TRAVEL LANES

- 48 States and Canada
- Main Lanes = Midwest, East, South, Southeast

HOMETIME

- Based on needs. Many drivers are home on weekends.

PERMITS AND ESCORTS

Trans-United, Inc. will order all permits and make arrangements with T-U approved escort services.



TRANS-UNITED, INC. OWNER OPERATOR REQUIREMENTS

LICENSE

- Class A CDL
- Minimum 25 Years of Age
- Three Years Verifiable OTR Experience
- Three Years Verifiable Plant Machinery Experience is PREFERRED

EQUIPMENT

Pre-inspections are preferred for 2003 and older.

- 5th Wheel Height a min 49" with ramps FOR RGN
- T-U Requires on site inspections every 6 Months
- Headache Rack required
 - Unless you own a trailer and have a bulkhead or headboard mounted on it to store securement items.
- See "Additional Equipment Required" section (right)

INSURANCE

- Bobtail/ Deadhead Liability = \$31 per month
- Occupational/ Accidental = \$137 per month
- Physical Damage/ Collision = Call for rates

BASE PLATES

Run your own plates, or purchase Indiana plates through us with \$300 deposit and paid 2290, required at time of orientation. Remaining balance deducted weekly.

ESCROW

\$1,500 – Deducted at \$50 a week for 30 weeks.

PERMITS

First Year Cost = \$350 deducted at \$50 a week for 7 weeks. After first year, Trans-United, Inc. pays for permits.

ROAD AND FUEL TAX

Reported Individually, Deducted Quarterly

ORIENTATION

Orientation is two (2) days at our Burns Harbor, IN facility.

- ALL Equipment must pass DOT inspection.
- DOT Drug/ Alcohol Test; Cost is \$35.
- \$300 Plate Deposit if purchasing Indiana Base Plates.
- You will be required to take and pass tests based upon your level of qualification. Everyone will be required to take and pass a load SECUREMENT exam.

Following paperwork will be required prior to orientation.

- CDL and TWIC card
- DOT Long Physical & Medical Examiners Card
- Paid 2290
- Bobtail/ Deadhead insurance listing Trans-United, Inc. as Cert Holder.
- Truck/ Trailer Paperwork
 - Lessor Agreement with financing Co.
 - Title and Registration
 - Power of Attorney from finance co. if purchasing plates
 - Scale Ticket for Truck ONLY, full of fuel
 - Incorporation Papers
 - MUST have ALL required equipment upon arrival

ADDITIONAL EQUIPMENT REQUIRED

Based upon your level of qualifications, defined below, you will be required to have all the equipment listed on the "Additional Equipment Required" table.

QUALIFICATION CODES:

- **L – Legal;** Legal freight.
- **s – Introduction to Specialized.**
 - Up to 11' W, 14' H, 85" L, 50,000 LBS
- **S – Specialized**
 - Up to 15'W, 15' H, 100' L, 75,000 LBS
- **X – Superload**
 - Over 15'W, 15'H, 100' L, 75,000 LBS

ADDITIONAL EQUIPMENT REQUIRED

EQUIPMENT	L	s	S	X
5/16" Chains	12*			
5/16" Snap /Ratchet	6			
3/8" Chains	10	10	16	10
3/8" Snap /Ratchet	5	5	8	5
1/2" Chains				8
1/2" Ratchet Binders				8
4" Strap w/ Chains				6
4" Ratchet w/ Chains				6
2" Strap/Ratchet	12	12	12	
Tarp Straps	100	100	100	100
16' X 24' Tarp	2	2	2	2
24' X 24" Tarp	1	1	1	1
30' X 30' Tarp			1	1
OD Signs		3	3	3
Stick Flags		8	8	8
Hang Flags		6	6	6
Amber Light = Truck		2	2	2
Amber Light = Portable		1	1	2
Extendable Spot Mirror	N	Y	Y	Y
Padding	Y	Y	Y	Y
Pins / Shims		Y	Y	Y = 2
OD Manual		Y	Y	Y
Tape Measure	25	25-100	25-150	25-150
Load Measuring Stick	N	Y	Y	Y
Personal Protective Eq. (Safety Glasses/Gloves Hard Hat/ Steel Toe Shoes/Reflective Vest)	Y	Y	Y	Y
Edge Protectors	20	20	20	20
Handheld CB Radio	N	N	Y	Y=2
Cell Phone	Y	Y	Y	Y
Skidding Material (120' PVC, 4" Straps, & 50' Rope				Y
* Option for L = 12 5/16" OR 10 3/8" Chains				
** Option for S = 16/ 8/ 8 Combination OR 10/ 5/ 5/ 8/ 8				

[TRUCKISMO]



TRANS-UNITED, INC.
 1123 N. State Road 149
 Burns Harbor, IN 46304
 P: 877-762-3111 x 235 F: (219) 763-4933

DRIVER APPLICATION

Position Applying For: Owner Operator
 Company Driver
 Local Company Driver

PERSONAL INFORMATION

NAME		DATE OF BIRTH	SSN #		DATE
HOME ADDRESS		CITY	ST	ZIP	HOW LONG?
HOME#	CELL#	FAX#	EMAIL:		
HOW DID YOU HEAR ABOUT T-U?		WHAT ARE YOUR HOMETIME REQUIREMENTS, OR SPECIAL NEEDS?			AVAILABLE DATE

EMERGENCY CONTACT

NAME		RELATIONSHIP			
ADDRESS		CITY	ST	ZIP	
HOME #	CELL #	EMAIL:			

TRUCK INFORMATION (IF APPLICABLE)

TRAILER INFORMATION (IF APPLICABLE)

MAKE	YEAR	MODEL	MAKE	YEAR	TYPE		
COLOR	# AXLES	LAST DOT INSPEC. DATE	COLOR	# AXLES	LAST DOT INSPECT. DATE		
VIN #	WEIGHT		VIN #	EMPTY WEIGHT			
FIFTH WHEEL HEIGHT	TIRE SIZE	HEADACHE RACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	LENGTH	WIDTH	HEIGHT	WELL LENGTH	DECK HEIGHT
NAME ON TITLE		PAYMENT / MONTH	NAME ON TITLE			PAYMENT/ MONTH	

MAINTENANCE

LAST DATE OF B SERVICE:	LIST YOUR REGULAR MAINTENANCE INTERVALS?	WHERE DO YOU HAVE REPAIRS PERFORMED?
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ADDITIONAL EQUIPMENT INVENTORY: LIST TOTAL NUMBER OF FOLLOWING ITEMS

3/8" CHAINS	3/8" SNAP BINDERS	3/8" RATCHET BINDERS	2" x 30' TARPS	16' x 24' TARPS	24' x 24' TARPS	TARP STRAPS	STROBE LIGHTS
1/2" CHAINS	1/2" RACHET BINDERS	O/D SIGNS	O/D FLAGS (STICK)	O/D FLAGS (HANG)	SKIDDING	SHIMS	PINS
90% OF LOADS TARPED. ARE YOU PHYSICALLY ABLE AND WILLING TO TARP? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, EXPLAIN:					PADDING <input type="checkbox"/> YES <input type="checkbox"/> NO	HARDHAT <input type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE CHECK THE AREA OF EXPERTISE THAT YOU FEEL MOST QUALIFIED. <input type="checkbox"/> LEGAL <input type="checkbox"/> SPECIALIZED (UP TO 11FT W) <input type="checkbox"/> SPECIALIZED (UP TO 15FT W) <input type="checkbox"/> SUPERLOAD (OVER 15FT W) <input type="checkbox"/> ALL					LIST OTHER EQUIPMENT OWNED.		

COMMERCIAL DRIVERS LICENSE INFORMATION

CDL DRIVERS LICENSE NO:	TYPE	ISSUING STATE	EXP DATE
TRIPLES/DOUBLES CDL ENDORSEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A TWIC CARD (TRANSPORTATION WORKER IDENTIFICATION CERTIFICATE) TO ACCESS THE PORTS UNESCORTED? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, EXPLAIN:		
CDL EVER BEEN REVOKED/ SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
EVER TESTED POSITIVE FOR DRUGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
EVER REFUSED A DRUG OR ALCOHOL TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
EVER CONVICTED OF A DWI OR DUI? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
HAVE YOU COMPLETED THE DOT SUBSTANCE ABUSE PROGRAM REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SAFETY ITEMS

TRAFFIC CONVICTIONS / FORFEITURES: LIST ALL IN THE PAST THREE YEARS (IF NONE, WRITE NONE)

DATE	LOCATION	CHARGE	PENALTY

ACCIDENTS (LIST ALL WITHIN THE LAST THREE YEARS)

DATE	ACCIDENT TYPE (REAR END, BACKING, ETC.)	# OF INJURIES	# OF FATALITIES	AT FAULT ?

CLAIMS (LIST ALL WITHIN THE LAST THREE YEARS)

DATE	CLAIM TYPE (SHORTAGE, DAMAGE)	CLAIM DETAIL	TOTAL COST	AT FAULT?

DRIVING EXPERIENCE: LIST TOTAL YEARS EXPEREIENCE WITHIN EACH CATEGORY

DRIVING OTR	OVER DIM.	FLAT	STEP	DOUBLE DROP	STRECH	RGN	SCHNABELS	PERMIT LOADS	ESCORT LOADS
WHAT IS THE LARGEST LOAD YOU HAVE HAULED? COMMODITY: _____ WIDTH _____ HEIGHT _____ LENGTH _____ WEIGHT _____ FROM: _____ TO: _____						HAVE YOU HAULED PLANT MACHINERY? (EXAMPLES ARE: HYDRAULIC PRESSES, INJECTION MACHINES, PRE-FAB PROCUCTS, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, # YEARS _____			
						HAVE YOU HAULED WIND ENERGY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST SECTIONS HAULED.			

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 MAJOR _____
LIST SPECIAL TRAINING, AND/OR TECHNICAL SKILLS AND ABILITIES:

WORK EXPERIENCE

NOTE: All applicants must list 10 years of work history in accordance with FMCSR §391.21 & §391.23. If you have had more than 4 employers within the last 10 years, please make a copy of this page prior to completion or contact the recruiting department.

LIST CURRENT EMPLOYER FIRST. MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

EMPLOYER NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD: <input type="checkbox"/> OWNER OP <input type="checkbox"/> COMPANY DRIVER	
			TRAVEL LANES: <input type="checkbox"/> 48 STATES <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL	
CITY	ST	ZIP	TRAILER TYPES: <input type="checkbox"/> FLAT <input type="checkbox"/> STEP <input type="checkbox"/> RGN <input type="checkbox"/> DBLE DRP <input type="checkbox"/> VAN <input type="checkbox"/> REEFER <input type="checkbox"/> OTHER:	
CONTACT		PHONE	REASON FOR LEAVING:	
SALARY/ WAGES	WERE YOU SUBJECT TO FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD: <input type="checkbox"/> OWNER OP <input type="checkbox"/> COMPANY DRIVER	
			TRAVEL LANES: <input type="checkbox"/> 48 STATES <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL	
CITY	ST	ZIP	TRAILER TYPES: <input type="checkbox"/> FLAT <input type="checkbox"/> STEP <input type="checkbox"/> RGN <input type="checkbox"/> DBLE DRP <input type="checkbox"/> VAN <input type="checkbox"/> REEFER <input type="checkbox"/> OTHER:	
CONTACT		PHONE	REASON FOR LEAVING:	
SALARY/ WAGES	WERE YOU SUBJECT TO FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD: <input type="checkbox"/> OWNER OP <input type="checkbox"/> COMPANY DRIVER	
			TRAVEL LANES: <input type="checkbox"/> 48 STATES <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL	
CITY	ST	ZIP	TRAILER TYPES: <input type="checkbox"/> FLAT <input type="checkbox"/> STEP <input type="checkbox"/> RGN <input type="checkbox"/> DBLE DRP <input type="checkbox"/> VAN <input type="checkbox"/> REEFER <input type="checkbox"/> OTHER:	
CONTACT		PHONE	REASON FOR LEAVING:	
SALARY/ WAGES	WERE YOU SUBJECT TO FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD: <input type="checkbox"/> OWNER OP <input type="checkbox"/> COMPANY DRIVER	
			TRAVEL LANES: <input type="checkbox"/> 48 STATES <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL	
CITY	ST	ZIP	TRAILER TYPES: <input type="checkbox"/> FLAT <input type="checkbox"/> STEP <input type="checkbox"/> RGN <input type="checkbox"/> DBLE DRP <input type="checkbox"/> VAN <input type="checkbox"/> REEFER <input type="checkbox"/> OTHER:	
CONTACT		PHONE	REASON FOR LEAVING:	
SALARY/ WAGES	WERE YOU SUBJECT TO FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	



DISCLOSURE AND RELEASE

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE: _____

DATE: _____

I authorize Trans-United, Inc. to make such investigations and inquiries of my personal, employment, financial, or medical history, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers, and other persons and/or institutions from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (a) and 391.23 (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to prospective employer.
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

In the event of employment, I understand that false or misleading information given in my application or during the interview process may result in discharge.

I agree to abide by all policies, procedures, rules and regulations of the company.

SIGNATURE: _____

DATE: _____

I (print name below)

SSN: _____ / _____ / _____

(FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____ / _____ / _____

Here by Authorize:

PREVIOUS EMPLOYER NAME

ADDRESS

CITY ST ZIP

To release the following information to TRANS-UNITED, INC. for the purposes of investigation as required by §391.23 and allowed by §383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

SIGNATURE: _____

DATE: _____