

Priority Messenger Service, Inc
Priority Logistics, Inc

Subcontractor Application Form

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Social Security # _____

Drivers License # _____

State _____ Type _____

Birth Date _____ (used ONLY for criminal and driving history)

Vehicle Information

Make _____ Model _____ Year _____

Vehicle Identification Number _____

License Plate # _____

Insurance Information

Insurance Carrier Name _____

Policy Number _____ Limits _____

Work References (Please list last three)

Starting/ End Dates	Company Name	Address	Phone	Duties
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I Hereby authorize Priority Messenger Service, Inc and its agents to receive any criminal history record information and motor vehicle reports (driving history) pertaining to me which may be in the files of any state or local agency. The information will be requested only in accordance with company policy and in compliance with federal, state, and local regulations.

Signature