



PLAN APPLICATION

Effective Date

Effective Date box

PLD TRANSPORT

PLEASE PRINT

ID# TRUCK#

DRIVER COMPANY DRIVER OR OWNER OPERATOR

ADDRESS

CITY STATE ZIP

PHONE SOCIAL SECURITY #

CELL PHONE E-MAIL ADDRESS

DRIVER'S LICENSE NUMBER STATE

DATE OF BIRTH DISPATCH NUMBER

NON-CDL DRIVER'S SPOUSE OR NON-CDL EMPLOYEE PLAN

NON-CDL DRIVER'S SPOUSE OR EMPLOYEE

ADDRESS

CITY STATE ZIP

PHONE SOCIAL SECURITY #

DRIVERS LICENSE NUMBER (NON-CDL) ISSUING STATE

DATE OF BIRTH WORK NUMBER

SELECT COVERAGE (Mark individuals covered): * EFFECTIVE DATE STARTS WITH NEXT PAY PERIOD.

PAYROLL OR COMMISSION STATEMENT DEDUCTION:

- Driver only: \$2.98/weekly Non-CDL or Non-CDL Spouse: \$1.50/weekly DECLINE

I hereby apply to participate in DRIVERS LEGAL PLAN and AUTHORIZE you to deduct from my earnings the necessary plan fee as set forth above to be paid to DRIVERS LEGAL PLAN or its designate. I hereby authorize Drivers Legal Plan to employ any attorney to represent me, and sign my name, with my full authority and discretion to resolve any matter in connection with any and all traffic tickets and/or DataQ challenges I may have. In order to fulfill my obligation under the Federal Motor Carrier Safety Regulations §383.31 and my employer/lessor's safety policy, I hereby authorize Drivers Legal Plan to communicate with my employer/lessor regarding my case. I also understand that if I am no longer employed by or leased to this participating company or lessor, my participation will be cancelled. This authority is to remain in effect until revoked by me in writing.

X Signature of Driver Date

Return to Payroll Administrator, Megan Barber, phone (501) 467-6219 or fax a copy to Megan Barber at (501) 467-3975