



**City of Los Angeles**  
**Department of Public Works - Bureau of Street Services (StreetsLA)**  
 1149 South Broadway Street, Suite 400, Los Angeles, California 90015  
 Email: [bss.contract@lacity.org](mailto:bss.contract@lacity.org)  
 Website: <https://streetsla.lacity.org/truck>

## As-Needed, Haul Truck Program

### Low-Side Truck

# WAITING LIST APPLICATION FOR 2020-21

## Truck Owner-Operators - Independent Contractors

(July 1, 2020 - June 30, 2021)

Instructions: Please fill out each Section completely. Make sure the name you provide on this application matches the documents you are required to submit in Section G.

Type of applicant.  **Renewal Applicant**  
 Please check one:  **New Applicant**

<b>I am applying for: Independent Contractor - Low-Side Truck</b>		
<b>A. Applicant Information: Must file individually (Not as a broker, partnership or corporation).</b>		
1. NAME: LAST	FIRST	MIDDLE INITIAL
2. SOCIAL SECURITY NUMBER (Payroll & applicant processing) - -	3. E-MAIL ADDRESS	
4. PRESENT MAILING ADDRESS: NUMBER	STREET	UNIT / SUITE
CITY	STATE	ZIP CODE
5a. PRIMARY TELEPHONE - Area & Number ( )	5b. CELL PHONE - Area & Number ( )	
<b>B. California Class A/B Commercial Driver License</b>		
6. CALIFORNIA CLASS A/B COMMERCIAL DRIVER'S LICENSE NUMBER	7. EXPIRATION DATE	
<b>C. Registered Owner Truck Information</b>		
8a. REGISTERED TRUCK OWNER NAME (as listed on DMV registration)	8b. <u>Individual Truck Owner</u> : Check one Yes _____ or No _____	
8c. TRUCK MAKE	9. TRUCK MODEL	10. TRUCK YEAR
11. LEGAL LOAD CAPACITY	12. NUMBER OF AXLES	13. LICENSE PLATE NUMBER
<b>D. Truck: Certificate of Liability Insurance Information. Please submit proof of insurance for the truck listed in Section C. Please note: You are not required to upload this information at this time.</b>		
14a. NAME OF COMPANY/ PRODUCER	14b. BROKER / AGENT NAME	
15. ADDRESS: NUMBER	STREET	UNIT / SUITE
CITY	STATE	ZIP CODE
16a. BROKER / AGENT E-MAIL ADDRESS	16b. BROKER / AGENT TELEPHONE - Area & Number ( )	

**2020-2021: Independent Truck Owner-Operator**

<b>I am applying for: Independent Contractor - Low-Side Truck</b>		
<b>As-Needed, Haul Truck Program</b>		
17. PLEASE PRINT NAME - Last	First	Middle Initial
<b>E. Substitute Driver (check one)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If, "Yes", please fill out the <b>As-Needed Haul Truck Program Substitute Driver Notification Form</b> and submit the required paperwork.
<b>F. Professional Reference Information</b>		
18. NAME OF REFERENCE		19. TITLE
20. NAME OF COMPANY		21. COMPANY PHONE - Area & Number (     )
22. ADDRESS: NUMBER	STREET	UNIT / SUITE
CITY	STATE	ZIP CODE
<b>G. Applicant's Signature and Acknowledgement</b>		
<p>1. By signing this application, I affirm that the information I have provided is true. I understand all information on this application will be verified by the Bureau of Street Services. False information will disqualify me from the As-Needed Haul Truck Program's Waiting List.</p> <p>2. The name listed in Item 1 is the same name that appears on all documents submitted and required in Section G.</p> <p>3. I also sign with the understanding that <b>(a)</b> recruitment from the Waiting List is not immediate or guaranteed, <b>(b)</b> ranking on the Waiting List is based on the date my application packet is received in the As-Needed Haul Truck Program's office; <b>(c)</b> the signed application and copies of <b>all</b> required documents <b>must</b> be submitted <b>together</b>; missing items will result in the return of my application package without a filing date. <b>(d)</b> I understand this program is for individual truck owners only. My truck is NOT listed as a broker, partnership or corporation on any of the documents submitted.</p>		
23a. APPLICANT SIGNATURE ( <b>Required</b> . Original in black ink; See footnote #1.)		23b. DATE
<b>H. Please Read and Initial Checklist - You are required to submit the following items with your application or your application will be invalid and returned without a filing date.</b>		
24. _____ Initial Here	A. Valid DMV Registration for the truck listed as "individual" owner operator and not as a broker, partnership or corporation.	
25. _____ Initial Here	B. Proof of California Class A/B Commercial Driver's License.	
26. _____ Initial Here	C. Proof of Auto Liability Insurance Certificate (\$1,000,000 each occurrence). We <b>DO NOT</b> accept insurance cards.	
27. _____ Initial Here	D. Proof of Valid Motor Carrier Permit.	
28. _____ Initial Here	E. City of Los Angeles Request for Waiver of Worker's Compensation Insurance Requirements ( <b>only applicable if there is no Substitute Driver</b> ).	
<b>Independent Contractor Applicants - Do not use the space below - For Bureau of Street Services Use Only</b>		
DATE APPLICATION RECEIVED	Application Approved	Comments
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Reviewed by	Date

## Waiting List Application Instructions for Truck Program

### A. Waiting List Applicant Information: Must file individually (Not as a broker, partnership or corporation).

1	<b>APPLICANT INFORMATION</b> (Section A, Item 1) - Applicants must enter their name as shown on their Department of Motor Vehicle (DMV) Registration, Commercial Driver's License. This information in this Section must match what is entered and provided in Sections A, G Items 24-27). We DO NOT accept names registered as a broker, partnership or corporation as follows: For example: 1) John Street, Inc.; 2) John Street & Mary Drive; or 3) John Street Trucking.
2	<b>SOCIAL SECURITY NUMBER</b> (Section A, Item 2) - This information is used for payroll processing and application. Federal Law P.L. 93-579, Section 7 require that you be informed when asked for your Social Security Number. (Reference: Federal Privacy Act and Use of Social Security Numbers).
3	<b>E-MAIL ADDRESS</b> (Section A, Item 3) - You must enter an e-mail address where we can contact you if we need additional information.
4	<b>PRESENT MAILING ADDRESS</b> (Section A, Items 5a-5b) - You must provide a number where we can contact you if we need additional information.
5	<b>PRIMARY TELEPHONE AND CELL PHONE NUMBER</b> (Section A, Items 5a-5b) - You must provide a number where we can contact you if we need additional information.

### B. California Class A/B Commercial Driver License

6	<b>COMMERCIAL DRIVER'S LICENSE INFORMATION</b> (Section B, Items 6-7) and Section G, Item 25) - This information in this Section must match what is entered in Sections A, D and G. The application may be rejected if the information does not match.
7	<b>COMMERCIAL DRIVER LICENSE EXPIRATION DATE</b> (Section B, Items 6-7) and Section G, Item 25) - This information in this Section must match what is entered in Sections A, D and G. The application may be rejected if the information does not match.

### C. Registered Owner Truck Information

8	<b>REGISTERED OWNER TRUCK INFORMATION</b> (Section C, Items 8-13) - This information in this Section must match what is entered in Sections A, and H (Item 25). The application may be rejected if the information does not match.
9	<b>TRUCK MODEL</b> (Section C, Item 9) - This information in this Section must match what is entered in Section H, Item 24. The application may be rejected if the information does not match.
10	<b>TRUCK YEAR</b> (Section C, Item 10) - This information in this Section must match what is entered in Section H, Item 24. The application may be rejected if the information does not match.
11	<b>LEGAL LOAD CAPACITY</b> (Section C, Item 11) - This information in this Section must match what is entered in Section H, Item 24. The application may be rejected if the information does not match.
12	<b>NUMBER OF AXLES</b> (Section C, Items 8-13) - This information in this Section must match what is entered in Sections A, and H (Item 25). The application may be rejected if the information does not match.
13	<b>LICENSE PLATE NUMBER</b> (Section C, Items 8-13) - This information in this Section must match what is entered in Sections A, and H (Item 25). The application may be rejected if the information does not match.

### D. Truck: Certificate of Liability Insurance Information. Please submit proof of insurance for the truck listed in Section C. Please note: You are not required to upload this information at this time.

14	<b>CERTIFICATE OF LIABILITY INSURANCE - COMPANY / PRODUCER INFORMATION</b> (Section D, Items 14-16b) - The name of the insured must match what is entered in Sections A and provided in Section G, Item 2a. The make, model, year, license plate number and VIN number of the truck listed in on your application must also be included in this Section.
15	<b>CERTIFICATE OF LIABILITY INSURANCE - ADDRESS</b> (Section D, Items 14-16b) - The name of the insured must match what is entered in Sections A and provided in Section G, Item 2a. The make, model, year, license plate number and VIN number of the truck listed in on your application must also be included in this Section.
16	<b>CERTIFICATE OF LIABILITY INSURANCE -BROKER / AGENT INFORMATION</b> Section D, Items 14-16b) - The name of the insured must match what is entered in Sections A and provided in Section G, Item 2a. The make, model, year, license plate number and VIN number of the truck listed in on your application must also be included in this Section.

**2020-2021: Independent Truck Owner-Operator**

<b>E. Substitute Driver</b>	
<b>Yes</b>	<b>PROFESSIONAL REFERENCE INFORMATION</b> (Section E, Items 18-22) - Applicants must provide a professional reference and their contact information. This information is subject to verification.
<b>No</b>	<b>PROFESSIONAL REFERENCE INFORMATION</b> (Section E, Items 18-22) - Applicants must provide a professional reference and their contact information. This information is subject to verification.
<b>F. Professional Reference Information</b>	
<b>18</b>	<b>NAME OF REFERENCE</b> (Section G, Items 23a and 23b) - This application must be signed and dated by the Applicant.
<b>19</b>	<b>TITLE</b> (Section G, Items 23a and 23b) - This application must be signed and dated by the Applicant.
<b>20</b>	<b>NAME OF COMPANY</b> (Section G, Items 23a and 23b) - This application must be signed and dated by the Applicant.
<b>21</b>	<b>COMPANY PHONE</b> (Section G, Items 23a and 23b) - This application must be signed and dated by the Applicant.
<b>22</b>	<b>ADDRESS</b> (Section G, Items 23a and 23b) - This application must be signed and dated by the Applicant.
<b>G. Applicant's Signature and Acknowledgement</b>	
<b>23</b>	<b>REQUIRED SIGNATURE AND DATE</b> - Applicants must sign and date the Application in "black" ink.
<b>H. Please Read and Initial. Checklist - You are required to submit the following items with your application or your application will be <u>invalid</u> and <u>returned</u> without a filing date.</b>	
<b>24</b>	<b>VALID DMV REGISTRATION</b> (Section H, Item 24) - This information in this Section must match what is entered in Sections A and H. The application may be rejected if the information does not match.
<b>25</b>	<b>PROOF OF CALIFORNIA CLASS A/B COMMERCIAL DRIVER'S LICENSE</b> (Section H, Item 25) - This information in this Section must match what is entered in Sections A and B. This application may be rejected if the information does not match.
<b>26</b>	<b>PROOF OF AUTO LIABILITY INSURANCE CERTIFICATE</b> - (Section H, Item 26) - This information in this Section must match what is entered in Section D, Items 14-16b. This application may be rejected if the information does not match.
<b>27</b>	<b>PROOF OF VALID MOTOR CARRIER PERMIT-</b> ( Section H, Item 27) - This information in this Section must match what is entered in Section C, Items 8a-13. This application may be rejected if the information does not match.
<b>28</b>	<b>CITY OF LOS ANGELES - REQUEST FOR WAIVER OF WORKERS' COMPENSATION INSURANCE REQUIREMENTS</b> (Section H, Item 28) - This information in this Section must match what is entered in Section A, Items 1,3, and 4. This application may be rejected if the information does not match.