



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
 Website: <https://streetsla.lacity.org/>

As-Needed, Truck Haul Program Substitute Driver Notification Form

Truck Owner-Operators - Independent Contractors

Date:	Truck Number:	Truck Type: (select one below)
MY REASON FOR REQUESTING A DRIVER: (Check one of the items below): <input type="checkbox"/> Owner unable to drive <input type="checkbox"/> Leave from City <input type="checkbox"/> Owner illness/emergency <input type="checkbox"/> Other: _____		<input type="checkbox"/> 10-Wheel Truck <input type="checkbox"/> Low-Side Truck <input type="checkbox"/> 12-Wheel Truck <input type="checkbox"/> High-Side Truck
A. Owner-Operator		
1. NAME: LAST	FIRST	MIDDLE INITIAL
2. 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 ()
6a. OWNER-OPERATOR SIGNATURE (Required . Original in black ink; See footnote #1.)		6b. DATE
B. Certificate of Liability Insurance Information. Please submit proof of insurance for the truck listed in Section C. Please note: You are <u>not</u> required to upload this information at this time.		
7a. NAME OF COMPANY/ PRODUCER		7b. BROKER / AGENT NAME
8. ADDRESS: NUMBER STREET		UNIT / SUITE
CITY	STATE	ZIP CODE
9a. BROKER / AGENT E-MAIL ADDRESS		9b. BROKER / AGENT TELEPHONE - Area & Number ()
C. As-Needed, Haul Truck Program Substitute Driver Information		
10. PLEASE PRINT NAME - Last	First	Middle Initial
11. SOCIAL SECURITY NUMBER (Payroll & applicant processing) - -		12. CA Comm. Driver License No.
13. E-MAIL ADDRESS		
14. PRESENT MAILING ADDRESS: NUMBER STREET		UNIT / SUITE
CITY	STATE	ZIP CODE
15a. PRIMARY TELEPHONE - Area & Number ()		15b. CELL PHONE - Area & Number ()
16a. SUBSTITUTE DRIVER SIGNATURE (Required . Original in black ink; See footnote #1.)		16b. DATE

2020-2021: Independent Truck Owner-Operator

D. Substitute Driver Professional Reference Information		
17. NAME OF REFERENCE	18. EMPLOYMENT DATES FROM: TO:	19. TITLE
20. NAME OF COMPANY		21. COMPANY PHONE - Area & Number ()
22. ADDRESS: NUMBER STREET		UNIT / SUITE
CITY	STATE	ZIP CODE

G. Applicant's Signature and Acknowledgement	
23a. APPLICANT SIGNATURE (Required . Original in black ink; See footnote #1.)	23b. DATE

H. Please Read and Attach to This Form:

1. _____ Initial Here An original "negative" drug test dates within 5 calendar days of submission date.
2. _____ Initial Here An original "negative" alcohol test dates within 5 calendar days of submission date.
3. _____ Initial Here A copy of Substitute Driver's California Commercial Driver's License.
4. _____ Initial Here A copy of the Substitute Driver's **current** medical card (complete Medical Examiner's Certificate).
5. _____ Initial Here Copy of Substitute Driver's Consortium Card.
6. _____ Initial Here Evidence of one-hour Drug Education Course.
7. _____ Initial Here A DMV print-out for Substitute Driver no more than (5) calendar days from the date of submission.

Independent Contractor Applicants - Do not use the space below - For Bureau of Street Services Use Only		
DATE APPLICATION RECEIVED	Application Approved <input type="checkbox"/> YES <input type="checkbox"/> NO	Comments
	Reviewed by	Date