

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p>	
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
OR					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/>	1. A citizen of the United States
<input type="checkbox"/>	2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/>	3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/>	4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP

T Lambert Inc DBA JL
Barnett Trucking

I, _____, hereby agree, upon a request made under the drug testing policy of T Lambert Inc DBA JL Barnett Trucking of 1031 Industrial Park RD NE, Brookhaven, Mississippi 39601, to submit to a drug test and to furnish a sample of my urine, breath, and/or blood for analysis whenever called upon by random draw, reason of suspicion or post accident within a 24hr time frame.

I understand and agree that if I at any time refuse to submit to a drug test under Employer policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.

I further authorize and give full permission to have the Employer and/or its Employer physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Employer and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

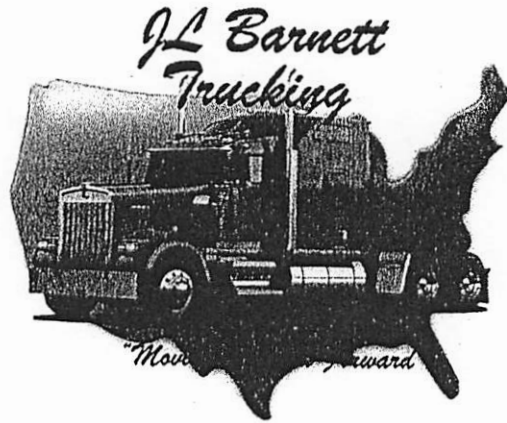
Finally, I authorize the Employer to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the Employer, Employer physician, and any testing laboratory the Employer might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug test, even if a Employer or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results.

I will further hold harmless the Employer, its Employer physician, and any testing laboratory the Employer might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I understand that the Employer will require a drug screen test under this policy whenever I am



2040 Manufacturers Blvd
Brookhaven MS 39601
601-835-2867

www.jlbarnetttrucking.com

J L Barnett Trucking hereby accepts valid CDL license as proof of road test which is administered by valid DOT department to obtain said CDL License.

Applicant states that a valid DOT department administered said road test to obtain said CDL license.

Employer

Sammy Lambert

Applicant

[REDACTED]

ACH Authorization Form

I authorize J L Barnett Trucking to deposit weekly payroll via ACH by end of day Wednesday of each week.

Bank (ACH) Information

Type of account: Checking account

Name on account:

Bank name:

Bank city/state:

Account number:

Routing number:

PLEASE also attach a voided check or bank authorization letter.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify J L Barnett Trucking in writing of any changes in my account information or termination of this authorization at least 5 Business days prior to the next billing date. JL Barnett will not Split payroll into seperate accounts. If a debt is owed to the company upon my termination I acknowledge that a one time withdrawl will be made to settle this debt, unless paymnet is made within 14 days of termination or resignation. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

A deposit of .01 will be made the following pay period after the sheet is recieved by office, please call and confirm that transaction to be added to the direct deposit the next pay period.

Date: _____

Pan-American Life Insurance Company
New Orleans, Louisiana
BLANKET ENROLLMENT FORM

Sponsoring Association: USA Trucking Association

Participant Sponsor: T LAMBERT INC DBA JL BARNETT TRUCKING / PATJ00610

<hr/> Applicant Name	<hr/> Gender	<hr/> Street Address		
<hr/> City	<hr/> State	<hr/> Zip	<hr/> DOB	<hr/> SS#
<hr/> Home Phone#	<hr/> Business Phone		<hr/> Start Date	

LEGAL STATUS (Please Check One):

Sole Proprietor Partnership Corporation LLC Other: _____

DO YOU HAVE ANY W-2 EMPLOYEES: YES: NO: IF YES, HOW MANY?: _____

APPLICANT: (Check Only One)

Class 1 - Owner/Operator Class 2 - Co-Driver Class 3 – Scheduled Contract Driver of Owner/Operator
 Class 4 – Independent Contractor (not otherwise classified)

Description of Class 1, 2, 3, & 4:

Class 1 – “Owner Operator” means a person who meets all of the following definitions:

- is an Independent Contractor as defined by the law;
- owns or leases the motor vehicle;
- has the responsibility for determining the time, means and method of performing the work;
- has entered into a covered contract with the Participant Sponsor;
- is compensated on a Form 1099 and not a Form W-2; and
- does not own or control the Participating Sponsor.

Class 2 – “Co-Driver” means a person who meets all of the definitions in Class 1 and:

- co-owns or co-leases a motor vehicle which is under a long term lease contract with the Participant Sponsor; and
- drives the motor vehicle as an Independent Contractor, as defined by the law.

Class 3 – “Scheduled Contract Driver of Owner/Operator” means a person who meets all of the following definitions:

- drives a motor vehicle owned or leased by an Owner Operator;
- is an Independent Contractor as defined by the law;
- works under a covered contract that provides for possible financial loss or gain by the Contract Driver relative to the operation of the motor vehicle being utilized;
- has the responsibility for determining the time, means and method of performing the work; and
- is compensated on a Form 1099 and not a Form W-2.

Class 4 – “Independent Contractor (not otherwise classified)” means a person who meets all of the following definitions:

- drives a motor vehicle owned by the Participant Sponsor,
- works under a Covered Contract that provides for possible financial loss or gain by the Independent Contractor (not otherwise classified) relative to the operation of the motor vehicle being utilized;
- has the responsibility for determining the time, means and method of performing the work; and
- is compensated on a Form 1099 and not a Form W-2.

BLANKET OCCUPATIONAL ACCIDENT INSURANCE *Please review your Description of Coverage for benefit details.*

BENEFICIARY DESIGNATION – ACCIDENTAL DEATH BENEFIT

Beneficiary Name Beneficiary Address Relationship to Insured Beneficiary SS#

By signing this Owner/Operator Enrollment Form,

I hereby declare and state that:

1. I am not an employee or eligible for Workers' Compensation from the Participant Sponsor. I request coverage under the Sponsoring Association's group Occupational Accident policy;
2. I am electing to exclude myself from Workers' Compensation coverage as permissible under the laws of my state;
3. I am a member of the USA Trucking Association;
4. I hereby understand and agree that eligibility for this program is limited to eligible Classes listed above and I further agree to the terms outlined in the above items;
5. I qualify for coverage under the Eligible Class as checked above;
6. I request coverage under the Sponsor's USA Trucking Association group Occupational Accident policy;
7. I understand this insurance will become effective the date this Enrollment Form has been received and approved by Pan American Life Insurance Company or their authorized representative;
8. I grant permission to the Participant Sponsor to deduct such payments as may be required for the insurance provided by the policy;
9. I hereby grant a limited power-of-attorney to Association with the authority to initiate cancellation of my Occupational Accident coverage effective the same date I am no longer eligible under this Program; and
10. The beneficiary designation above shall void and supersede any previous designation by me. I reserve the right to change the beneficiary shown above by completing and submitting a signed Change of Beneficiary Form;
11. I understand that the insurance as applied for is based upon my written statements and answers to the above questions; and
12. I attest that all statements made in this Request For Insurance are true and accurate to the best of my knowledge.

Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, submits an application and/or files a statement of claim containing any false, incomplete, misleading information is guilty of insurance fraud which is a felony.

Applicant's Signature _____ ***Date*** _____

Occupational Accident Insurance Program

WORKERS' COMPENSATION INSURANCE REJECTION ACKNOWLEDGEMENT FORM

I am an Independent Contractor/Owner Operator contracting with:

T LAMBERT INC DBA JL BARNETT TRUCKING

I have been given the choice by the Motor Carrier listed above to either provide them with proof that I have purchased either Workers' Compensation insurance for myself which names them as an Alternate Employer, or provide proof that I have Occupational Accident insurance coverage that is acceptable to the motor carrier.

I understand that Occupational Accident insurance is not Workers' Compensation insurance and that it provides less benefits than Workers' Compensation.

It is my right as an Independent Contractor and as a sole proprietor or executive officer of my Company, to exercise my option not buy Workers' Compensation insurance on myself. I am choosing not to purchase Workers' Compensation. Instead I am choosing to buy Occupational Accident insurance instead of Workers' Compensation even though the coverage is different.

I VERIFY THAT I HAVE READ THIS AGREEMENT AND THAT I AM CHOOSING TO BUY OCCUPATIONAL ACCIDENT INSURANCE AND NOT WORKERS' COMPENSATION INSURANCE:

Print Name:

Contractor Signature:

Date:

EMPLOYEE EMERGENCY CONTACT FORM

Employee Information

Employee Name: _____

Phone: _____ Email: _____

Emergency Contact Information

Full Name: _____ Relationship to Employee: _____

Phone #: _____ Work Phone #: _____

Email: _____

I have voluntarily provided the above contact information and authorize [Employee.Company] and its representatives to contact the above on my behalf in the event of an emergency.

Employee Signature: _____ Date: _____

Vehicle Seat Belt and Occupant Restraint Policy

Seat belts must be used at all times while driving or riding as a passenger in any Company vehicle. Furthermore, seat belts must be used at all times while driving or riding as a passenger in a personal vehicle while on Company business or performing any travel that has a connection to work with This Company. The seat belt requirements are in effect regardless of seating position in the vehicle. (Even those in the rear seats must wear seat belts.)

This company will treat instances where seat belts are not worn properly the same as an instance where they are not worn at all. Seat belts are not worn properly when they are not properly adjusted (if the vehicle allows for such adjusting), properly positioned on the body (i.e., shoulder strap not being worn over the shoulder), have had their retractor/locking mechanism locked thus creating slack in the shoulder belt, or have otherwise been altered or improperly fitted.

For sleeper berths, occupant restraint systems installed by the manufacturer must be used, whether the system is at the entry point of the berth or incorporated as a belt-type restraint within the sleeper berth itself.

Failure to comply with This Company's Vehicle Seat Belt and Occupant Restraint Policy will be considered a violation of company policy. Consequences for violating This Company's Vehicle Seat Belt and Occupant Restraint Policy will be disciplinary action leading up to and including Termination in accordance with This Company's progressive discipline policy.

Accident and Roadside Inspection Policy

- All accidents MUST be reported to your supervisor IMMEDIATELY.
- Drivers are expected to report all Roadside inspections, regardless of the result from the inspection, to the supervisor WITHIN 24 HOURS.

Cell Phone Policy

FMCSA Passed the final rule on cell phone use for drivers of commercial motor vehicles (CMV) effective January 3, 2012. This rule restricts a CMV driver from holding a mobile telephone to conduct a voice communication and from dialing a mobile telephone by pressing more than a single button. This law also restricts the use of push to talk phones.

Limiting the use of cell phones, including texting and hands free devices, to times when we are not operating a motor vehicle, will reduce exposure to accidents and injuries.

We have adopted the following policy effective immediately.

Even though cell phone use is allowed with a hands free device it is our company policy that drivers not talk on a cell phone until they are parked at a safe and legal location. A driver receiving an incoming call with a hands free device, may briefly acknowledge the incoming call and inform the caller they will call back once they parked in a safe and legal location.

Texting is NEVER ALLOWED while operating a CMV. If you were to get a text message from dispatch please so not respond back until the truck is parked at a safe and legal location.

Texting includes phone texting, PDA use, tablet use, satellite communications or any other existing texting communication devices.

This policy is in effect for anyone driving company owned or leased equipment.

Violations of this policy may result in disciplinary actions, possible deductions from pay, and up to and including termination.

EMPLOYEE ACKNOWLEDGEMENT OF POLICY AND AGREEMENTS

1. I acknowledge receiving a copy of the Accident and Safety Policy.
2. I acknowledge that I am able to accept and comply with all Accident and Safety Policies.
3. I understand that if I refuse to follow or comply with any of the Accident and Safety Policies, disciplinary actions will be taken, up to and including termination.

I have read this entire policy and each of the above statements. Yes

Company Name: _____

Employee Name: _____

Employee ID/SS Number _____

Date: _____

Employee Signature _____

PRE-EMPLOYMENT TESTING INFORMATION RELEASE

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

Employee Name: _____

Employee ID/SS Number: _____

Applicant/Driver must answer the items listed below:

During the past two (2) years have you tested positive on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules? If Yes, check yes. If no, leave blank.

YES

During the past two (2) years have you refused to test on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? If Yes, check yes. If no, leave blank.

YES

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Note to employer regarding record keeping requirements:

If "Yes" to either question –5 year retention.

If "No" to either question-discard after employment terminates.

Date _____

Signature: _____