



PLAN APPLICATION

Effective Date

MELTON TRUCK LINES

PLEASE PRINT

ID# _____ TR# _____

DRIVER _____ COMPANY DRIVER _____ OR OWNER OPERATOR _____
First MI Last

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 _____ First MI Last

CITY _____ STATE _____ ZIP _____

PHONE () - SOCIAL SECURITY # - -

DRIVERS LICENSE NUMBER (NON-CDL) _____ ISSUING STATE _____

DATE OF BIRTH _____ WORK NUMBER () -

METHOD OF PAYMENT (Choose One) * 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

TO 'COMPANY' NAMED ABOVE: 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. This authority is to remain in effect until revoked by me in writing. I hereby authorize Drivers Legal Plan to employ any attorney to represent me with my full authority and discretion to resolve any matter in connection with any and all traffic tickets I may have. I understand that Company and DOT policies require me to notify the Company Safety Department when I receive a traffic citation, and hereby authorize Drivers Legal Plan to inform Company of my case so I will be in compliance with those policies. I also understand that if I am no longer employed by this participating company, my participation will be cancelled.

X Signature of Driver _____ Date _____

Return to Safety/Payroll @ Melton Truck Lines. Payroll: Fax a copy to Drivers Legal Plan at (405) 948-7959