



FORM D – SPONSORED INDEPENDENT OPERATOR REGISTRATION (Must be filled electronically)

1. Complete the form below for all Independent Operators performing container trucking services. Attach additional sheet(s) if required.
2. Initial on the bottom to confirm that the information is accurate and correct.

#	UNIT #	NAME	DATE OF BIRTH (YYYY/MMM/DD)	RESIDENTIAL ADDRESS	PHONE	EMAIL	PORT PASS	VIN	LICENCE PLATE	DATE FIRST EMPLOYED (YYYY/MMM/DD)	PAID HOURLY/ PER TRIP
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I confirm that the information above is accurate and correct _____
(initial)