



FORM C – COMPANY DRIVER REGISTRATION (Must be filled electronically)

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

#	DRIVER NAME	PORT PASS NUMBER	DATE OF BIRTH (YYYY/MM/DD)	RESIDENTIAL ADDRESS	PHONE	EMAIL	DATE FIRST EMPLOYED (YYYY/MM/DD)	PAID HOURLY/ PER TRIP
								<input type="checkbox"/> HOURLY <input type="checkbox"/> PER TRIP
								<input type="checkbox"/> HOURLY <input type="checkbox"/> PER TRIP
								<input type="checkbox"/> HOURLY <input type="checkbox"/> PER TRIP
								<input type="checkbox"/> HOURLY <input type="checkbox"/> PER TRIP
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								<input type="checkbox"/> HOURLY <input type="checkbox"/> PER TRIP
								<input type="checkbox"/> HOURLY <input type="checkbox"/> PER TRIP

I confirm that the information above is accurate and correct _____
(initial)