



**FORM E – INDEPENDENT OPERATOR EMPLOYEE REGISTRATION (Must be filled electronically)**

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

#	SPONSORED I/O NAME	I/O EMPLOYEE NAME	I/O PORT PASS	DATE OF BIRTH	RESIDENTIAL ADDRESS	PHONE	EMAIL	DATE FIRST EMPLOYED	PAID HOURLY/ PER TRIP
									<input type="checkbox"/> HOURLY <input type="checkbox"/> PER TRIP
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I confirm that the information above is accurate and correct \_\_\_\_\_  
(initial)