



(800) 932-7521  
DRIVER INFORMATION SHEET  
**COMPANY INFORMATION**

COMPANY NAME: \_\_\_\_\_ CODE: \_\_\_\_\_ SMARTWAY CARRIER: Y \_\_\_ N \_\_\_

ADDRESS \_\_\_\_\_

STREET CITY ST ZIP

PHONE # \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_ FWHA OR DOT # \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_ PHONE # \_\_\_\_\_

**DRIVER INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

ADDRESS \_\_\_\_\_

CITY ST ZIP

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ EMER # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ LICENSE # \_\_\_\_\_

STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

**TRACTOR INFORMATION**

TAG # \_\_\_\_\_ EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_ STATE \_\_\_\_\_ YEAR \_\_\_\_\_

MO. DAY YEAR

MODEL \_\_\_\_\_ VIN # \_\_\_\_\_

NAME SHOWN ON TRUCK \_\_\_\_\_ COLOR \_\_\_\_\_

LOCATED ON (CHECK) \_\_\_ DOOR \_\_\_ FUEL TANK \_\_\_ SLEEPER \_\_\_ STEP \_\_\_ OTHER

**TRAILER INFORMATION**

TAG # \_\_\_\_\_ EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_ STATE \_\_\_\_\_ YEAR \_\_\_\_\_

MO. DAY YEAR CARB ID# \_\_\_\_\_

MODEL \_\_\_\_\_ VIN # \_\_\_\_\_

TRAILER LENGTH \_\_\_\_\_ SPREAD AXLE \_\_\_\_\_ OR CLOSED TANDEM \_\_\_\_\_

REEFER MAKE \_\_\_\_\_ REEFER YEAR \_\_\_\_\_

RETURN TO (FAX #) \_\_\_\_\_ DISPATCHER \_\_\_\_\_ EXT \_\_\_\_\_