

BEFORE YOU BEGIN...

In order to qualify your business to provide services to Shamrock Delivery, Inc., the following safety and liability criteria must be satisfied:

- 1.) Insurance coverage needs:
 - A) \$100,000 bodily injury per person
 - B) \$300,000 bodily injury per accident
 - C) \$50,000 Property damage per accident

- 2.) Good driving record (less than 4 moving violations in last 3 years) and no felonies
 - A) Order your MVR online at <https://www.colorado.gov/dmv>
Instructions: Request Driving Record
Driver/ID Services
Records Request select Request a driving record

- 3.) Have a valid driver's license and valid social security card.

- 4.) Be at least 21 years old and able to lift up to 50lbs.

- 5.) You must have a Trade Name filed with the Colorado Secretary of State and EIN
 - A) Trade names can be obtained at: <http://www.sos.state.co.us/biz/Welcome.do>
 - B) Free EIN #'s can be obtained at:
<http://www.irs.gov/businesses/small/article/0,,id=102767,00.html>

- 6.) Complete the following profile and fax to 303-220-0752 or email to:
customercare@shamrockdelivery.com

- 7.) Good city knowledge and/or GPS.

- 8.) Will need a smart phone with internet enabled. (weekly rental available)

- 9.) Hand cart/dolly for boxes.

Shamrock Delivery, Inc. 303-220-1700 303-220-0752(fax) customercare@shamrockdelivery.com						
First		Middle		Last		Date of Birth
Address			City	State	Zip	
Business Trade Name			EIN #			
E-mail Address				Alternate Email Address		
Telephone		Alternate Telephone		Mobile Telephone		
Date Available	Drivers License No.		Expiration Date		Drivers License State	
Years Driving in Denver			Do You Have Courier/Delivery Experience?			
Vehicle Info						
Year	Make	Model	Plate #	Color	Type(2/4dr)	
#1						
#2						
Driving Record History (3 Yrs Min.) violations & pts assessed				DUI or DWAI or Reckless Driving in last 5 yrs?		Yes / No
1.						Points:
2.						Points:
3.						Points:
Insurance:						
Company		Agent Name	Phone No.	(100-300-50) Limits of Liability		Expire Date
Referral History: (list all the entities you have or continue to provide delivery services for)						
Company Name: city:			Dates worked from:		to:	
			Position:			
Company Name: City:			Dates worked from:		to:	
			Position:			
Company Name: City:			Dates worked from:		to:	
			Position:			
List any other delivery experience if not listed above						
Internet Enabled Cell Phone: Y N		Map Book: Y N		GPS: Y N		Hand Cart: Y N
						Backup Auto: Y N
<p>Owner Operator authorizes CMS or CMS's customer to perform or cause to be performed background checks on Owner Operator or any of its employees or contractors who will perform services under the Agreement. The background checks may include, but will not be limited to, criminal and motor vehicle driving records, drug testing and credit reports. Owner Operator declares to the best of my knowledge the above information is accurate and truthful. I understand that I am completing this information in order to contract my services as a self-employed independent contractor and not as the employee of any company.</p>						
_____				_____		
Independent Contractor				Date		