



New Venture Questionnaire (to be completed only if a new venture)

Name _____

Effective date of new venture _____ Date of first CDL _____

How long have you been driving tractor/trailer rigs? _____

Who did you previously drive for? _____ For how long? _____

What types of goods were you previously hauling?

What was/were your usual route(s)?

How many accidents or losses were you involved in during the past 5 years? _____

(Describe the circumstances of the accidents or losses)

Will you be hauling for anyone in particular? _____

Who is financing the new venture? _____

Are you applying for FHWA (ICC) authority? Yes No If yes, when? _____

Do you expect to increase the number of your vehicles within one (1) year? Yes No

If yes, how many? _____

Has applicant/owner ever operated business under another name? Yes No

If yes, provided details.

