



RENEWAL OR NEW APPLICANT

Department of Public Works, Bureau of Street Services

AS-NEEDED, HAUL TRUCK PROGRAM

2020-2021 CHECK LIST

Open Enrollment Filing Period (July 1, 2020- June 30, 2021)

Application for 2020-2021 Waiting List: One (1) original copy with signature and acknowledgement

As-Needed, Independent Truck Owner-Operator Documents		Please initial	
1	Copy of California Commercial License (front and back)	_____	Initial
2	Driver's "current" medical card (Complete Medical Examiner's Certificate) (Copy only)	_____	Initial
3	Department of Motor Vehicle (DMV) print-out for drivers (Original), no more than 5 calendar days before the submission date	_____	Initial
4	"Negative" Drug Test (Original), no more than 5 calendar days before the submission date	_____	Initial
5	"Negative" Alcohol Test (Original), no more than 5 calendar days before the submission date	_____	Initial
6	Drug Consortium Card (Copy only)	_____	Initial
7	California Highway Patrol (CHP) 800 H 90-Day Inspection - The Basic Inspection of Terminals (BIT) (See California Highway Patrol Guidelines for Commercial Vehicles https://www.chp.ca.gov/)	_____	Initial
8	Substitute Driver Notification form	_____	Initial
9	Substitute Driver's Documents (if applicable) (Same required documents listed in items 1-6 above)	_____	Initial
10	Insurance Certificates (Proof of Capability of Obtaining Insurance Only)	_____	Initial
11	Evidence of One-Hour Drug Abuse Education and Training Course (Owner and Substitute Driver (if applicable))	_____	Initial
12	Certificate of Liability Insurance (Auto Liability) (Proof of Capability of Obtaining Liability Insurance)	_____	Initial
13	Workers' Compensation (if applicable) (Proof of Capability of Obtaining Workers' Compensation Insurance)	_____	Initial

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14	City of Los Angeles Request for Waiver Workers' Compensation Insurance Requirement (required if there is no Substitute Driver)	_____	Initial
15	Motor Carrier Permit	_____	Initial
16	DMV Vehicle Registration (L/S & H/S also include Trailer Registration)	_____	Initial

Are all pertinent sections of the "Independent Truck Owner-Operator's Check List" completed, signed and initialed?	_____ Initial
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By: (Signature) _____ **Date** _____

Print Name: _____

Title or Position: _____