Guest Passenger Authorization

DODO TRUCKING MANAGEMENT LLC.

The purpose of the Guest Passenger Program is to honor our safety experienced full-time drivers with the opportunity to take a family member with them. It is our hope that this program will help the guest passenger of our safety-conscious driver to gain a better understanding of the duties & responsibilities of a professional truck driver. It will also enable our guest passenger the ability to identify & support their family member with the everyday hazard & stress encountered on each trip.

REQUIREMENTS FOR PARTICIPATION

The guest passenger of a _____ ("The Company") controlled motor vehicle must be a family member authorized by the company to accompany the authorized full-time driver, and must have completed and signed the Guest Passenger Release along with providing the following information to the Safety Department:

2 FORMS OF ID ARE REQUIRED FOR EACH PASSENGER (MUST BE LEGIBLE ONCE FAXED)

SPOUSE/SIGNIFICANT OTHER:

1) Valid driver's license (No CDL allowed) or State issued photo ID card
2) If last name is not the same as the driver: a Marriage Certificate with the spouse's married name
3) Social Security Card with same name as ID submitted from #1 or #2
4) Guest Passenger Authorization Form

CHILD:

1) Minor Child Form completed & signed by Guardian parents, (the driver must be listed as a guardian) & Guest Passenger Authorization Form
2) Birth Certificate or State issued ID showing date of birth.
3) Current photo (Must be clear after fax. For best results, this may be emailed)

OTHER FAMILY MEMBERS:

1) Must be over the age of 18
2) Valid driver's license (No CDL allowed) or State issued photo ID card
3) Birth Certificate and/or Social Security Card.
4) Proof of relation if last name is not the same as the driver
5) Guest Passenger Authorization Form
6) Immediate family members only (i.e.: Mother, father, spouse, brother, sister)

GUEST PASSENGER RESTRICTIONS & LIMITATIONS

1) NO REQUEST FOR GUEST PASSENGER AUTHORIZATION CAN BE MADE IF THE GUEST IS PREGNANT, RECEIVING TREATMENT FOR ILLNESS, OR UNDER DOCTOR'S CARE FOR ANY PHYSICAL, MENTAL, OR OTHER HEALTH REASON
2) SEAT BELTS MUST BE USED AT ALL TIMES THE TRUCK IS IN USE
3) UNDER NO CIRCUMSTANCES WILL A GUEST PASSENGER BE ALLOWED TO DRIVE A TRACTOR/TRAILER NOR PERFORM ANY WORK (Loading/Unloading, Fueling, Repairs, etc.)

SPECIFICALLY EXCLUDED

- No Hitchhikers
- Maximum age limit is 70 years of age
- Company reserves the right to deny passenger authorization for any reason

DRIVER MUST HAVE SIGNED FORMS IN TRUCK BEFORE TRANSPORTING PASSENGER!!!!

REQUIREMENTS FOR QUALIFYING A FULL-TIME COMPANY REGULATED DRIVER FOR THE GUEST PASSENGER PROGRAM

SEND COMPLETED FORM WITH ATTACHED PASSENGER REQUIRED DOCUMENTS TO SAFETY DEPT. RESPONSIBILITY:

☐ Review MVR, accident, & violation history

☐ Signed off by required company managers

Passenger Authorization and Releases of Liability

DODO TRUCKING MANAGEMENT LLC.

PASSENGER AUTHORIZATION AND INSURANCE PURCHASE REQUEST

This document constitutes authority by_____ ("COMPANY") for _____ ("Passenger") to be transported as the passenger on Unit Number/Driver Number _____ with _____ ("Driver") as the only driver. Passenger authorization shall only be from _____ 20___ ("Origin Date") to _____ 20___ ("Destination Date"). Passenger is not authorized and is specifically prohibited from operating the unit or associated trailer (collectively "Equipment") or performing any labor or duties associated with the Equipment or load at any time for any reason. Passenger is prohibited from entering any loading or unloading or vehicle maintenance area. Passenger shall be solely responsible for transportation home or otherwise after Destination Date is reached regardless of reason, location, circumstance or cost.

Passenger initials _____ of agreement.

PASSENGER'S VOLUNTARY ASSUMPTION OF GREAT RISK

Passenger or guardian hereby specifically acknowledges that serious personal injuries and deaths frequently occur to passengers from motor vehicle accidents as well as from getting in or out of commercial vehicles. "By my initials here _____ I acknowledge I am voluntarily exposing myself or my minor dependent to these and other similar risks in exchange for authority to ride as a passenger in COMPANY owned or leased Equipment". I hereby certify I will use a seat belt anytime the vehicle is in motion.

RELEASES OF LIABILITY

A. Driver's Full Release of Liability.

Driver accepts full responsibility(s) of all liability(s) associated: In consideration for COMPANY authorization to allow Driver's spouse, son, daughter, or any other passenger to ride in the Equipment, Driver, by signing below, hereby releases COMPANY from any and all claims, liability, rights, actions, suits, and demands, including any rights under a claim of loss of companionship, affection or consortium, whether in law or in equity, that Driver may have now or later, known or unknown, against COMPANY, including its insures, affiliates, employees, contractors, agents, officers, directors or successors, during the trip. Moreover, this signed Release may be pleaded by COMPANY as a counterclaim to or as a defense in bar or abatement of any action of any kind whatsoever brought, instituted, or taken by or on behalf of the Driver. The driver also agrees where allowed by law any loss and this Release shall be governed by state law. I have agreed to the conditions of all COMPANY's policies governing Passengers.

B. Passenger's, Parent's or Guardian's Full Release of Liability.

Passenger's, Parent's, or Guardian's Full Release of Liability; Passenger's, Parent's, or Guardian's accepts full responsibility(s) of all liability(s) associated: In consideration, the sufficiency of which is hereby acknowledged, for COMPANY authorization to allow Passenger to ride in Equipment, Passenger, or Passenger's parent or guardian if Passenger is under the age of 18, by signing below, hereby releases COMPANY, with respect to the authorized transportation, from any and all claims, liability, rights, actions, suits, and demands, including any rights under a claim of loss of affection or of the consortium, whether in law or in equity, that Passenger may have now or later known and unknown against COMPANY, including its insurers, affiliates, contractors, employees, agents, officers, directors or successors, during the authorized trip that may be in excess of Passenger Accident policy purchased and made available by COMPANY.

Moreover, this signed Release may be pleaded by COMPANY as a counterclaim to or as a complete defense in bar or abatement of any action of any kind whatsoever brought, instituted, or taken by or on behalf of Passenger. Passenger also agrees where allowed by law any loss and this Release shall be governed by the laws of the state.

Driver's Printed Name

Driver Signature **Date**

Passenger's Printed Name

Passenger Signature **Date**

Other Parent - Guardian Printed Name

Other Parent and/or Lawful Guardian of Passenger if Passenger Under Age 18 **Date**

COMPANY
Authorized by:

Printed Name and Title

Signature **Date**

Minor Child Verification & Authority Authorization

for Guest Passenger Authorization

DODO TRUCKING MANAGEMENT LLC.

Driver's Name: (Please Print) _____ SSN#: _____ Tractor #: _____

This is to verify that I, _____, have legal custody of the minor child, _____ , and verify the attached are true and correct documents.

ATTACHED: (CHECK ITEMS THAT APPLY)

☐ Birth Certificate ☐ Social Security Card ☐ Photograph ☐ Other: _____

BOTH PARENTS MUST SIGN

_____ _____

Parent/ Guardian Date

_____ _____

Parent/ Guardian Date

COMPANY AUTHORIZED WITNESS

_____ _____

Authorized Witness Date

AUTHORIZING COMPANY MANAGER

_____

Authorizing Company Name

_____ _____

Owner/ Safety Manager Date

☐ Driver: Keep copy in truck at all times

☐ Terminal: Keep copy on premises

☐ Home Office: Scan in driver's permanent file