



www.truckescort.com.au
Office: 07 3356 1457
Fax: 07 3311 4517
Mobile: 0410 254 283

MTS subcontracts drivers who have a suitable well maintained vehicle that is fully fitted with all required equipment plus necessary safety equipment.

- The owner of the vehicle that is to be used must have current suitable insurance cover.
- All escort pilots must have an open licence not a provisional licence.
- Escort pilots do not need to be accredited to drive in NSW or SA but must be accredited to drive in QLD, WA and VIC.
- An ABN is required. If you do not already have one you need to apply for one.
- High visibility safety clothing is required and must be worn at all times when outside of the vehicle.
- MTS will agree to pay the driver a pre-set agreed amount per kilometre plus GST
- MTS will agree to pay the driver a pre-set agreed amount for dead running time per kilometre plus GST only when agreed upon by both parties prior to the job being accepted by the driver.
- MTS may at times offer you local work at a pre set agreed amount per hour plus GST with a minimum of 3 hours.
- MTS will only make payments into a pre-nominated bank account via direct deposit. MTS will at no time pay subcontractor's cash.

If you fit these requirements and would like to be added to our files then please fill in the required information form and return to us by e-mail, fax, post or in person.

Information on the form marked with a "*" needs to be verified for our records and identification purposes. Please fill in the information form below and include a copy/copies of all "*" verifiable information. All information provided will be kept private and confidential and will only be used for and work requirements.

MTS would like to thank you for your time and hope that we may work with you in the future.

Regards

Murray & Tracy Sweetapple

MTS Truck Escorts
ABN: 79 985 138 634
Owner operators
Murray & Tracy Sweetapple

Website: www.truckescort.com.au
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Your Personal Details

* Surname: _____

* First Names: _____

* Residential Address: _____

State: _____ Post Code: _____

* Home Phone: _____

* Mobile Phone: _____

* Email Address: _____

* ABN: _____

* Licence number: _____ * State Of Issue: _____

Accreditations

* Accreditation for Queensland *(circle one)* YES NO

* Date & Place Of Accreditation: _____

* Licence Number: _____

* Accreditation for Victoria *(circle one)* YES NO

* Date & Place Of Accreditation: _____

* Licence Number: _____

* Accreditation for Western Australia *(circle one)* YES NO

* Date & Place Of Accreditation: _____

* Licence Number: _____

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 Owner operators
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