Monitored NAC Checklist for Van Operators

Reg. Number:	Customer Name:	NAC:
Van Operator I	Name: Agent/Driver Code:	
Phone Info:		CID #:
Name of Rider	helper:	CID #:
	are requirements on Monitored NAC shipments. Penalties may be assements. This form must be signed and returned via fax or email prior	
The Van Opera	tor:	
	required to submit to and pass a Background check meeting this account's contract requirements in der to be eligible to haul this account's shipments.	
	Cannot, under any circumstances, utilize labor to pack, load or unload a shipment at a customer's residence if: They have not submitted to a background check meeting this accounts requirements; Refuse to undergo a background check; Or if their background check score has been returned as decisional or ineligible.	
	Must arrange labor 48 hours before loading delivery. The van operator must ask for the names and CID numbers of the labor utilized and will call Operations with this information to verify their eligibility for this account <u>prior</u> to packing/loading/delivering.	
	Operations must be notified of any problems obtaining qualified labor prior to arriving at residence to load or deliver and will assist in locating labor meeting account requirements, if needed.	
	Is responsible for obtaining a signed consent form and calling Atlas Operations or their agent so a background check can be performed if the labor hired has not yet undergone a background check to meet this account's requirements.	
	Must advise Operations of delivery to residence or to storage at least	48 business hours prior to delivery.
	MUST notify Operations at the time of loading if it is believed the Actual Weight will exceed the Estimated Weight. Must notify Operations of the Actual Weight 24 hours after loading and REWEIGH Monitored NAC shipments when the Actual Weight exceeds the estimated weight as required by the monitored account.	
	Is Responsible , in the event of an overflow, to remove the overflow papproved labor and <i>ensuring</i> the overflow is unloaded at the warehouse	
Van Operator S	Signature:	Date:
Return signed :	form to: Fax #:	