

CONTRACTOR AVAILABILITY NOTICE

Attention Local and Regional Courier Companies

My name is _____, doing business as _____, and I am a fully insured, experienced Independent Contract Courier driver looking for additional work. I am currently working and/or have worked with other companies, brokers and/or courier services in the past.

The current area(s) I service best is (list zip codes, cities, counties, states and/or regions):

I own and operate the following vehicles (year, make, and model):

The days and times I may be available for additional work are: (fill in time spans next to desired day or use: N/A = Not Available 24/7 = All Day and Night O/C = On Call in Basis Only)

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____ Sun: _____

CONTACT INFORMATION:

Business Phone: _____

Cell Phone: _____

Email: _____

Other: _____

I would be happy to discuss any work you have available and negotiate rates that fit both our needs.

Thank you for your consideration of my proposal.

Sincerely,

X _____ Date: _____

Print Name _____ Driver License # & State: _____

AFFIDAVIT OF INDEPENDENT CONTRACTOR STATUS

1. I _____ currently of
Printed Name
_____, being duly sworn, do hereby
Street Address, Town, State and Zip Code
affirm that I have operated as _____, an independent contractor.
Business Name

2. I further represent that I have provided and currently provide on demand contract delivery services for entities or persons other than **Mail Center Services Inc** (hereinafter referred to as “**MCS**”).

3. It is my desire to enter into an agreement with **MCS** to provide on demand contract delivery services.

4. I understand that an Independent Contractor is one who engages to perform certain services for another, according to his own manner, method, free from control and direction in all matters connected with the performance of the service, except as to the result or product of the work.

5. I further understand that based upon the representations in this Affidavit of Independent Contractor Status, that I am requesting **MCS** to consider my business to be that of an Independent Contractor and that I neither am nor wish to be an employee of **MCS**.

6. As an Independent Contractor, I acknowledge that **MCS** shall **not** provide me with unemployment insurance or workers’ compensation insurance.

7. I further understand that the execution of this affidavit shall establish a rebuttable presumption that, as the executor of this affidavit, I am **not** an employee of the **MCS**.

SIGNATURE: X _____
(Independent Contractor)

NOTARY: State of _____, County of _____

On this, the _____ day of _____, _____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.

Signature of Notary Public or Commissioner of the Superior Court

X _____

Printed Name _____

SEAL: