INDEPENDENT CONTRACTOR APPLICATION

Roadside Assistance Contractor

Peregrine Enforcement

Currently Mail Only Address

1202 Shamrock Plz Suite 201 #919534
Omaha, Nebraska 68154
www.pec-neb.com / download and email to pec-neb@outlook.com

Applicant Information

Full Name: _____

Date of Birth: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

Email Address: _____

Driver's License Information

State Issued: _____

License Number: _____

Expiration Date: _____

Class/Endorsements: _____

Vehicle Information

Make/Model/Year: _____

License Plate Number: _____

Insurance Provider: _____

Policy Number: _____

Proof of Insurance Attached: Yes □ No □

Experience and Qualifications

Prior Roadside Assistance Experience: Yes □ No □

Description:

Relevant Certifications:

Prior Law Enforcement/EMS/Security Experience: Yes □ No □

Description:

Availability

Please indicate your availability (days and hours):

Independent Contractor Acknowledgment

I understand and agree that if I am engaged by Peregrine Enforcement, I will be an **independent contractor** and not an employee. I am responsible for all applicable taxes and insurance. I agree to comply with all applicable laws, regulations, and Peregrine Enforcement policies.

Signature: _____

Date: _____

For Office Use Only

Reviewed By: _____

Date: _____

Approved: Yes □ No □

Start Date: _____

This application is for informational purposes only and does not guarantee a contract with Peregrine Enforcement.