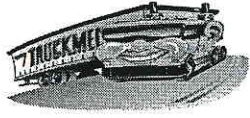


Neighborhood Logistics dba Truckmen Corporation



Confirming Employed or Leased Drivers

Please confirm that all drivers in your (CARRIER: _____)
employment or under lease to your company are qualified per the Federal Motor
Carrier safety regulations.

Signature: _____

Print Name: _____

Title: _____

Company Name: _____

Date: _____