Preferred Contractor Application

Thank you for your interest in working with 1 Easy Dump LLC. Complete all required fields marked with an asterisk (*). Approval is not guaranteed. Do not place a password on this form; approved contractors will receive secure account-setup instructions.

1. APPLICANT AND BUSINESS INFORMATION

Legal business name *

DBA / trade name

Owner / primary contact first name *

Last name *

Business email *

Primary phone *

Alternate phone

Website / social page

Street / mailing address *

City *

State and ZIP *

Business structure (sole proprietor, LLC, etc.) *

Year business started

EIN (last 4 digits only)

State registration / license number

2. REQUESTED ACCOUNT ACCESS

Preferred login email / username *

Preferred display name

The preferred login is a request only. 1 Easy Dump will confirm availability and permissions. Never write a password on this application.

- [ ] I understand that approval does not automatically grant access; an owner or manager assigns permissions. *

3. SERVICES AND EXPERIENCE

Check every service you currently offer.

- [ ] General cleanup / junk removal
- [ ] Construction / remodeling cleanup
- [ ] Lawn care / mowing
- [ ] Brush / branch / yard-waste cleanup
- [ ] Concrete / small flatwork
- [ ] Demolition / tear-out
- [ ] Moving / hauling / labor

- [ ] Roofing / exterior cleanup
- [ ] Other

Other services and specialties

Years of relevant experience *

Typical crew size

Describe your experience, equipment, and the types of jobs you accept *

4. SERVICE AREA AND AVAILABILITY

Cities, counties, or maximum travel radius served *

Normal days / hours available *

Earliest start date

- [ ] Weekdays
- [ ] Evenings
- [ ] Weekends
- [ ] Emergency / short-notice work

5. VEHICLE, TRAILER, AND PICKUP AUTHORIZATION

- [ ] I will use a company vehicle
- [ ] I will use my own vehicle
- [ ] I do not plan to tow or pick up trailers

Vehicle year / make / model

License plate / state

Rated towing capacity

Trailer-towing experience (years)

- [ ] I request authorization to pick up and return 1 Easy Dump trailers.
- [ ] Driver license is current and valid.
- [ ] I agree to provide driver and vehicle information for every authorized pickup driver.

List additional authorized drivers (name, phone, license state). Attach another page if needed.

6. INSURANCE, LICENSES, AND COMPLIANCE

General liability carrier *

Policy expiration date *

General liability coverage limit *

Certificate agent / phone

Commercial auto carrier (if applicable)

Auto policy expiration

- [ ] Workers' compensation coverage is active.
- [ ] Workers' compensation is not required for my business. Explanation attached.

Licenses, permits, certifications, or special qualifications

7. REQUIRED DOCUMENTS

Attach readable copies. Items marked * are required unless 1 Easy Dump confirms in writing that they do not apply.

- [ ] Completed and signed application *
- [ ] W-9 *
- [ ] Certificate of general liability insurance naming 1 Easy Dump LLC as certificate holder *
- [ ] Commercial-auto certificate when towing or driving for work
- [ ] Driver license for each authorized pickup driver
- [ ] Vehicle registration and proof of insurance for pickup vehicle
- [ ] Business registration, licenses, or permits
- [ ] Workers' compensation certificate or written exemption

8. REFERENCES

Provide two business or customer references. References should not be immediate family members.

Reference 1 - name / company *

Phone / email *

Relationship / work performed *

Reference 2 - name / company *

Phone / email *

Relationship / work performed *

9. SAFETY, RESPONSIBILITY, AND INDEPENDENT CONTRACTOR ACKNOWLEDGMENTS

- [ ] I will follow 1 Easy Dump loading, towing, delivery, pickup, disposal, and safety requirements. *
- [ ] I will not overload a trailer or load prohibited, hazardous, or undisclosed materials. *
- [ ] I accept responsibility for damage, loss, citations, cleanup, and charges caused by my actions or my workers, subject to the final written agreemen
- [ ] I will obtain customer approval for additional work, materials, or charges before proceeding. *
- [ ] I understand that I am applying as an independent contractor and not as an employee, partner, or agent of 1 Easy Dump LLC. *
- [ ] I am responsible for my taxes, insurance, licenses, employees, equipment, and business expenses. *
- [ ] I authorize 1 Easy Dump to verify references, insurance, licenses, driving information, and submitted documents as allowed by law. *
- [ ] I will promptly report accidents, injuries, property damage, customer complaints, and equipment problems. *

10. APPLICANT CERTIFICATION AND SIGNATURE

I certify that the information and documents submitted with this application are true and complete. I understand that incomplete, false, or misleading information may result in denial, suspension, or termination. This application is not a contract or guarantee of work. A separate written agreement and final approval may be required.

- [ ] I have read and agree to the certification above. *

Applicant's printed name *

Title / role *

Applicant signature (type or sign) *

Date *

11. SUBMISSION OPTIONS

EMAIL: Send this completed application and supporting documents to office.1easydump@gmail.com
MAIL: 1 Easy Dump LLC, 4030 W Husker Hwy, Grand Island, NE 68803
Keep a copy for your records. Do not email passwords, full Social Security numbers, bank information, or unredacted identity documents unless specifically requested through a secure method.

OWNER / MANAGER REVIEW - OFFICE USE ONLY

Date received

Reviewed by

- [ ] Approved
- [ ] More information required
- [ ] Declined

Missing documents, conditions, permissions, or decision notes

Assigned role / access level

Account invitation date

Final reviewer signature

Decision date