

Van Operator Applicant Name _____

Agency # _____

Indicate Van Line: United Van Lines, LLC
 Mayflower Transit, LLC

NOTE

PLEASE MAKE SURE ALL DOCUMENTS ARE FULLY AND
PROPERLY COMPLETED BEFORE SENDING TO THE
UNIGROUP, INC. CORPORATE HEADQUARTERS SAFETY DEPARTMENT TO
ENSURE A FASTER QUALIFICATION TIME.
RETAIN A COPY OF EACH DOCUMENT FOR YOUR RECORDS.

