Overview

This User Reference will assist you in completing the Supplier Transportation Questionnaire. For best results, please use Internet Explorer to complete the survey.

If you are unable to complete the survey during one session, click on the "Save" button at the bottom of the survey to retain your work. If you require the assistance of others in your organization to complete a portion of this survey, click the "Save" button at the bottom of the survey before forwarding the link.

The survey must be completed in entirety

Supplier Name & Acknowledgement

1. **Confirm** that the Supplier Name is your company name. If this information is not accurate, contact the support team at SCM_Contact@Jabil.com.

This questionnaire is intended for companies who specifically provide a motor vehicle(s), with a driver(s), under contract, to transport passengers or property. Freight carriers (transporting materials) should not complete this survey. If this is NOT you

Transportation Vehicles

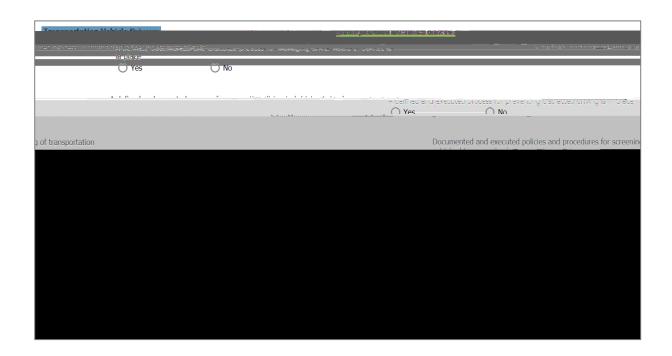
6. **Indicate (Yes or No)** if there is a system in place that assures that all transportation vehicles **used to transport passengers** are always appropriately registered and insured. **If Yes,** describe the system in place in the box provided.

Note: Check all that apply



Transportation Vehicle Drivers

8. **Answer (Yes or No)** to the questions regarding vehicle drivers.



Note: Some questions will require additional information if you answer Yes.



Training – Regarding Transportation Driver Training 9. Check all that apply regarding the training of your drivers.



Incidents



Supplier Transportation Questionnaire User Guidance