

EMPLOYMENT HISTORY

All independent contractor applicants must provide the following information on **ALL** employers during the preceding **3** years (List complete mailing address, street number, city, state, and zip code). Also, provide an additional **7** years information on those employers for whom the applicant operated a commercial motor vehicle or was required to possess a CDL. **Include dates of unemployment.**

EMPLOYER		check if UNEMPLOYED	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP		
CONTACT PERSON	EMPLOYER PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSA REGULATIONS OR IN A DOT REGULATED SAFETY SENSITIVE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER		check if Unemployed	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP		
CONTACT PERSON	EMPLOYER PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSA REGULATIONS OR IN A DOT REGULATED SAFETY SENSITIVE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER		check if UNEMPLOYED	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP		
CONTACT PERSON	EMPLOYER PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSA REGULATIONS OR IN A DOT REGULATED SAFETY SENSITIVE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER		check if UNEMPLOYED	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP		
CONTACT PERSON	EMPLOYER PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSA REGULATIONS OR IN A DOT REGULATED SAFETY SENSITIVE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER		check if UNEMPLOYED	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP		
CONTACT PERSON	EMPLOYER PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSA REGULATIONS OR IN A DOT REGULATED SAFETY SENSITIVE POSITION?			<input type="checkbox"/>	YES <input type="checkbox"/> NO
DID YOU DRIVE A VEHICLE REQUIRING A CDL?			<input type="checkbox"/>	YES <input type="checkbox"/> NO

EMPLOYER		check if UNEMPLOYED	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP		
CONTACT PERSON	EMPLOYER PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSA REGULATIONS OR IN A DOT REGULATED SAFETY SENSITIVE POSITION?			<input type="checkbox"/>	YES <input type="checkbox"/> NO
DID YOU DRIVE A VEHICLE REQUIRING A CDL?			<input type="checkbox"/>	YES <input type="checkbox"/> NO

EMPLOYER		check if UNEMPLOYED	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP		
CONTACT PERSON	EMPLOYER PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSA REGULATIONS OR IN A DOT REGULATED SAFETY SENSITIVE POSITION?			<input type="checkbox"/>	YES <input type="checkbox"/> NO
DID YOU DRIVE A VEHICLE REQUIRING A CDL?			<input type="checkbox"/>	YES <input type="checkbox"/> NO

EMPLOYER		check if UNEMPLOYED	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP		
CONTACT PERSON	EMPLOYER PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSA REGULATIONS OR IN A DOT REGULATED SAFETY SENSITIVE POSITION?			<input type="checkbox"/>	YES <input type="checkbox"/> NO
DID YOU DRIVE A VEHICLE REQUIRING A CDL?			<input type="checkbox"/>	YES <input type="checkbox"/> NO

Attach a separate sheet if needed

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	# OF FATALITIES	# OF INJURIES

TRAFFIC CONVICTIONS (ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES -OTHER THAN PARKING- FOR THE PAST 3 YEARS)**convictions include forfeited bond or collateral

LOCATION	DATE	CHARGE (violation)	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DRIVING EXPERIENCE IF NONE, WRITE **NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR-TWO TRAILERS _____				
MOTORCOACH – SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

LIST ANY COURSES, TRAINING, OR EXPERIENCE YOU HAVE THAT MAY BE HELPFUL AS A DRIVER (include any Safe Driving Awards and from whom given):

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I also authorize you to make such investigations and inquiries of my personal, employment, driving, financial or medical history and other related matter as needed to determine application acceptance. I also understand that false or misleading information given in this application by me or during an interview(s) may result in discharge from any contract.

Date

Applicant's Signature

ACKNOWLEDGEMENT SHEET

Initial proper response

1.	I acknowledge that throughout this application, Central Crude, Inc. (and affiliates) and the term Company refers to Central Crude, Inc., Central Crude Trucking, LLC, Louisiana Tank, Inc., Louisiana Tank Trucking, LLC, South C & C Trucking, LLC, and/or Jordan Oil Company, Inc.	Yes _____	No _____
2.	As an independent contractor driver, I understand that I am responsible for my own food and lodging on the road (unless authorized differently).	Yes _____	No _____
3.	As an independent contractor driver, I understand that I could be subjected to a Pre-employment, Random, Post-Accident and/or a Reasonable Cause Drug and/or Alcohol test.	Yes _____	No _____
4.	I understand that Central Crude, Inc.(and affiliates) pays independent contractors when all documents including Driver's daily logs and support paperwork are complete and turned in on time.	Yes _____	No _____
5.	I understand that as an independent contractor I will receive a 1099 form at the end of the year and not a W-2 form. I will be responsible for my own taxes. This means that Company will not withhold any taxes or social security from my settlement, and I will receive a full settlement.	Yes _____	No _____
6.	I understand that I am required to keep a DOT Driver Log book. I also know how to keep and complete a log book properly.	Yes _____	No _____
7.	I understand that I must notify Company if I begin to work/drive for another motor carrier or for an employer.	Yes _____	No _____
8.	I understand that I will be required to participate in and pass a Pre-employment DOT Drug and Alcohol test prior to driving.	Yes _____	No _____
9.	I understand that I will be required to participate in and pass a Company provided driving test.	Yes _____	No _____
10.	I understand that I will inform Company within 24 hours if my driver's license (CDL or personal) being suspended, revoked, or terminated in any way.	Yes _____	No _____

Applicant's Printed Name

Date

Applicant's Signature

Social Security Number

(check one)

LOUISIANA TANK TRUCKING, LLC, 4187 Hwy 3059, Lake Charles, LA 70615

CENTRAL CRUDE TRUCKING, LLC, 4187 Hwy 3059, Lake Charles, LA 70615

SOUTH C AND C TRUCKING, LLC, 10370 Richmond Suite 525, Houston, TX 77042

Applicant's Name: _____

Social Security Number: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.21, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Initials

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorized the release of my Motor Vehicle Record (Driving Record) to the above checked company for purposes of investigation as required by Sections 391.29 and 291.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Initials

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When driving for a motor carrier, a driver must report to the carrier all on-duty time including time working for other motor carriers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

Are you currently working for another motor carrier? (check one)
_____ YES _____ NO

At this time do you intend to work for another motor carrier while still driving for this motor carrier?
_____ YES _____ NO

I hereby certify that the information given above is true and I understand that once I begin driving for this company, if I begin working for any additional motor carrier(s) or employer(s) for compensation that I must inform this company immediately of such activity.

Applicant's Initials

Applicant's Signature

Date

MOTOR VEHICLE DRIVER'S CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations require that drivers comply with the following:

1. **POSSESS ONLY MOTOR VEHICLE OPERATOR'S LICENSE:** If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulation require that you notify the motor carrier you are driving for by the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it (in writing) within 30 days to: 1) the motor carrier you are driving for, and 2) the state that issued your license(if the violation occurs in a state other than the once which issued your license).

The following license is the ONLY one I possess:

Driver's License No. _____ State of Issue _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (Printed): _____

Driver's Signature _____ Date _____

PREVIOUS PRE-EMPLOYMENT ALCOHOL AND DRUG TEST STATEMENT

Responses to the following questions are required per Sec. 40.25(j):

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer or motor carrier to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: _____ Yes _____ No

2. If you answered yes, can you provide or obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: _____ Yes _____ No

Driver's Signature _____ Date _____

POLICY AND REGULATION RECEIPT

I have received the **Federal Motor Carrier Safety Regulations Pocketbook**. In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 382, 383, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

Applicant's Initials

I have received the **Drug, Alcohol and Substance Abuse Policy and Program** for Central Crude, Inc. (and affiliates) and understand that compliance with such is required and that if I violate the Policy or refuse to cooperate with testing procedures as stated in the Policy, I am subject to disciplinary action, up to, and including termination.

Applicant's Initials

I have received J.J. Keller's **CSA Handbook: A Complete Guide for CMV Drivers**, which covers the following topics:

- | | |
|------------------------------------|---------------------------------|
| 1. What is CSA? | 9. The BASICS: Cargo-Related |
| 2. Violation and Crash Data | 10. The BASICS: Crash Indicator |
| 3. Measurement on the BASICS | 11. Roadside Inspections |
| 4. The BASICS: Unsafe Driving | 12. Interventions |
| 5. The BASICS: Drugs & Alcohol | 13. Data Access |
| 6. The BASICS: Fatigued Driving | 14. Frequently Asked Questions |
| 7. The BASICS: Driver Fitness | 15. CSA Myths |
| 8. The BASICS: Vehicle Maintenance | |

Applicant's Initials

Applicant's Name (Print)

Social Security Number

Applicant's Signature

Date

GRADING SYSTEM FOR THE EVALUATION OF CDL DRIVERS

To ensure the contracting and use of the best qualified drivers, the Motor Vehicle Record (MVR) covering the last three (3) years for each driver will be obtained at time of initial application and annually for all drivers. These MVRs along with current convictions and/or tickets that may not have been immediately updated on the MVR will be checked to identify undesirable driving records.

CLASSIFICATION

There are four classifications of drivers:

- **Acceptable** – may drive without qualification.
- **Marginal** – may drive and MVR is reordered every six months and any increase in points identified on the MVR or through current violations and/or tickets results in immediate termination or lifting of driving privileges.
- **Probation** – may drive and MVR is reordered every three months and any increase in points identified on the MVR or through current violations and/or tickets results in immediate termination or lifting of driving privileges.
- **Unacceptable** – may not drive at all.

POINT SYSTEM

Automatic dismissal

Violations:

- 3 or more moving convictions and/or accidents in the most recent 3 years
- 2 or more moving convictions and/or accidents in the most recent year
- A major ticketed violation and/or conviction within the last 5 years, which includes:
 - Driving while intoxicated (DWI) or driving under the influence (DUI)
 - Leaving the scene of an accident
 - Careless or reckless driving violations
 - Homicide or assault through the use of a motor vehicle
 - Attempting to elude a police officer
 - Passing a stopped school bus
 - Railroad – Highway grade crossing violation
 - Failure to obey railroad crossing restriction /gates/ signs/ signals
 - Failure for stopping at RR crossing
 - All other RR crossing violations
- A driver who has had three or more license suspensions in the past.

2 points

Serious Convictions:

- Speeding
- Reckless operation
- Improper/Erratic Lane Change
- Following Too Closely
- Fatal Accident Violation
- Failure to stop at a red light
- At-fault accidents

1 point

Convictions:

- Failure to yield right-of-way or stop sign

Miscellaneous convictions are classified and assigned point scores in accordance with circumstances.

CLASSIFICATIONS AND POINT TOTALS

- Acceptable: 0-3 points
- Marginal: 4 points
- Probation: 5 points
- Unacceptable: more than 5 points

Some discretion may be used on marginal and probation categories if the driver has a clear record for one to two years and some of the old points are soon to expire. Any exceptions, if made, should require a conference between the supervisor and the individual driver.

If an accident is shown on the MVR or noted in a current police report, it will be assumed that it is an at-fault chargeable accident. A change in classification can only be made when upon receipt of a police report showing you as the driver was not at fault.

I have read and understand the CDL Driver grading system and evaluation requirements.

Signature

Date

Printed Name

FMCSA - Applicant Authorization to Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

Name of Applicant: _____ (Print Clearly)

Social Security #: _____ Date of Birth: _____

I, _____, do hereby authorize you to release the following information to Central Crude, Inc., (and affiliates), for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT performed DOT functions in the past three years.

Signature of Applicant

Date

Previous Employer: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

The above named applicant has applied to this company for a position as _____ and states that he/she was employed by you as (position) _____ from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail or email the following information to: **CENTRAL CRUDE, INC.**

Attn: Donna Rutherford
P.O. Box 1863, Lake Charles, LA 70602
phone: 337-436-1000 fax: 337-436-9602 e-mail: donnar@centralcrude.com

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? Yes No

If Yes, what type? Straight Truck Tractor-Semi trailer Bus
 Cargo Tank Doubles/Triples Other (specify) _____

Reason for leaving your company: Discharged Resignation Lay Off Military Duty

Check if there is no safety performance history to report, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

	Date	Location	No. of injuries	No. of fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).

Any other remarks: _____

Signature: _____ **Title:** _____ **Date:** _____

Keep a record of this request and the response for one year.

**** Please Return to: CENTRAL CRUDE, INC. – Fax # 337-436-9602****

**CONSENT AND AUTHORIZATION FOR DISCLOSURE TO CLIENTS OF CENTRAL
CRUDE, INC. (and affiliates) OF ALCOHOL AND DRUG TEST RESULTS AND
RELATED INFORMATION**

I hereby consent to disclosure by Central Crude, Inc. (and affiliates) and its agents, including, but not limited to, any collecting and testing agencies, of the test results identified above and any related information to clients of Central Crude, Inc. (and affiliates) and its authorized agents, assigns or representatives.

Applicant's Signature

Date

Applicant's Printed Name

Social Security Number

PERSONAL USE POLICY

The following policy pertains to all CDL drivers when on-duty:

1. Only company approved drivers are authorized to drive vehicles.
2. The towing of vehicles is prohibited.
3. Seatbelts must be used by driver and any authorized passengers.
4. The use of alcohol and/or drugs is prohibited.
5. Hitchhikers are prohibited.
6. Only company authorized passengers are allowed in the vehicle.
7. The use of radar detectors is prohibited.
8. Texting/talking on a cell phone while driving is prohibited.
9. All motor vehicle laws and regulations are to be obeyed.

I hereby acknowledge that I have read and understand the above personal use policy.

Applicant's Signature

Date

**ACKNOWLEDGMENT AND RECEIPT NOTIFICATION
EXXONMOBIL CONTRACTOR DRUG, ALCOHOL AND CONTRABAND POLICY
REQUIREMENTS**

I hereby acknowledge that I have been provided a copy of the ExxonMobil Contractor Drug, Alcohol and Contraband policy requirements. I understand that disciplinary action, up to and including termination, will result if I violate this ExxonMobil Contractor Policy.

Applicant's Initials

**CONSENT AND AUTHORIZATION FOR
DISCLOSURE TO EXXONMOBILE OF
ALCOHOL AND DRUG TEST RESULTS AND
RELATED INFORMATION**

I hereby consent to disclosure by contractor and its agents, including, but not limited to, any collecting and testing agencies, of the test results identified above and any related information to the operator listed above and its authorized agents, assigns, or representatives.

Applicant's Signature

Date

Applicant's Printed Name

Social Security Number

**FOREST OIL CORPORATION
CONSENT TO DRUG TESTING, SEARCH AND SEIZURE POLICY**

I hereby consent to disclosure by contractor and its agents, including, but not limited to, any collecting and testing agencies, of the test results identified above and any related information to the operator listed above and its authorized agents, assigns, or representatives. I also consent to any drug testing, search and seizure of property when on Forest Oil Corporation property and that I have been made aware of their drug testing, search and seizure policy.

Applicant's Signature

Date

MOTOR VEHICLE DRIVER'S CERTIFICATE OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted or, or forfeited bond or collateral on account of any violations which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER –CERTIFICATION OF VIOLATIONS			
NAME OF DRIVER (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months
(If you have had no violations, check the following box as NONE)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review of Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15

Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by:	<div style="display: flex; justify-content: space-between;"> Signature _____ Date _____ </div>
	<div style="display: flex; justify-content: space-between;"> Printed Name _____ Title _____ </div>
Motor Carrier Name	Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for independent contractor with Central Crude, Inc. and affiliates ("Company"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Company uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Company will provide you with a copy of the report upon which its decision is based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Company will notify you that the action has been taken and that the action is based in part or in whole on this report. The Company cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Company may obtain such background reports, please read the following and sign below:

I authorize Central Crude, Inc. and its affiliates ("Company") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Company to make a determination regarding my suitability as an independent contractor.

I further understand that neither the Company nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://datags.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs System to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by the Company and I understand that if I sign this consent form, the Company may obtain a report of my crash and inspection history. I hereby authorized Company and its employees, authorized agents, and/or affiliates to obtain information authorized above.

Date: _____

Signature

Name (Please Print)