

<b>COMMERCIAL DRIVER APPLICATION</b>
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Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICANT INFORMATION**

DATE \_\_\_\_\_ Position applying for: Contractor Driver Contractor's Driver  
 NAME \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_  
 AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

**CURRENT & PREVIOUS THREE YEARS ADDRESSES:**

	FROM	TO
	FROM	TO
	FROM	TO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**EDUCATION HISTORY:**

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

**EMPLOYMENT HISTORY:**

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ No  
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

*(Attach additional sheets for 10-year history, if needed.)*

### DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years:\_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC)\_\_\_\_\_

List any Safe Driving Awards you hold and from whom:\_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three(3) years:**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_Yes \_\_\_\_\_No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_Yes \_\_\_\_\_No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever been convicted of a felony? \_\_\_\_\_Yes \_\_\_\_\_No

If the answers to any questions listed above are "yes", give details\_\_\_\_\_

### Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### To Be Read and Signed by Applicant:

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.*


*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*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.*

Applicant Signature \_\_\_\_\_  Date \_\_\_\_\_

### Remarks: (For office use only)

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## DISCLOSURE AND AUTHORIZATION FORM

**Company Name Here:** BLT Tanks LLC], (the “Company”) may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

Consolidated Security Consultants, Inc. will obtain the reports for the Company. Consolidated Security Consultants, Inc. address is P. O. Box 12067, Oklahoma City, OK 73157 and can be contacted at 405-840-7069. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends, associates and former employers.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company at: Toddie Rollins, Business Manager, PO Box 237 Kingfisher OK 73750 405-375-4189. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

## ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

**CALIFORNIA:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Precise Hire during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at Precise Hire’s offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. Precise Hire has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**WASHINGTON STATE:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by Precise Hire, Inc., to BLT Tanks LLC and its designated representatives and agents. I understand that if BLT Tanks LLC hires me, my consent will apply, and BLT Tanks LLC may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed or photocopied form, will be valid for any reports that may be requested by or on behalf of BLT Tanks LLC.

**California, Minnesota or Oklahoma applicants only --** You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

☐ I wish to receive a free copy of the report from requesting company.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security No.\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Prior Addresses \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Driver's License: State \_\_\_\_\_ # \_\_\_\_\_

Applicant Signature \_\_\_\_\_  Date \_\_\_\_\_

\* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

*Para informacion en español, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580*

### **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- ☐ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ☐ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - ☐ a person has taken adverse action against you because of information in your credit report;
  - ☐ you are the victim of identity theft and place a fraud alert in your file;
  - ☐ your file contains inaccurate information as a result of fraud;
  - ☐ you are on public assistance;
  - ☐ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- ☐ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ☐ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- ☐ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051



**Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing****Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_  Date: \_\_\_\_\_**I-A.**New Employer Name: BLT Tanks LLCAddress: 21040 N2780 Rd (PO Box 237)Kingfisher OK 73750Phone #: 405-375-4189 Fax #: 405-375-5541Designated Employer Representative: Nick Rollins**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:****II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- |   |                           |
|---|---------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES ____ NO ____          |
| 2. Did the employee have verified positive drug tests?  | YES ____ NO ____          |
| 3. Did the employee refuse to be tested?  | YES ____ NO ____          |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES ____ NO ____          |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES ____ NO ____          |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ____ YES ____ NO ____ |

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: **BLT Tanks LLC** PO Box 237 Kingfisher OK 73750 Phone: 405-375-4189 Fax: 405-375-5541

To: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_ has made application to this company for a position as driver and states that he/she was employed by you as driver from \_\_\_\_\_ to \_\_\_\_\_.

Will you please reply to the inquiry below respecting this applicant?

Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Very truly yours,  
Safety Department

1. Is the employment record with your company correct as stated above? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you? Passenger car \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_  
Tractor-Semitrailer \_\_\_\_\_ Other(specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving your employ: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_

Remarks: \_\_\_\_\_

7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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(Detach here for your records)

\_\_\_\_\_  
Date: \_\_\_\_\_

(Name of former employer)

You are hereby authorized to give BLT Tanks LLC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

 SIGN HERE

Date: \_\_\_\_\_

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

BLT Tanks LLC PO Box 237 Kingfisher OK 73750

**IMPORTANT DISCLOSURE**

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

In connection with your application for employment with BLT Tanks LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer 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 Prospective Employer will provide you with a copy of the report upon which its decision was 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 Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer 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 Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize BLT Tanks LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing 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 Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer 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://dataqs.fmcsa.dot.gov>. If I challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

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

Date: \_\_\_\_\_

 SIGN HERE

Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*

BLT Tanks LLC PO Box 237 Kingfisher OK 73750

**RECORDS REQUEST & CONSENT TO RELEASE****Department of Public Safety****I hereby request the following driver record(s):**

	Per Record Fee Regular	Certified
<input type="checkbox"/> Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years] .....	\$25.00 or	\$28.00
<input type="checkbox"/> Collision Report. Provide Date: _____ City/County _____ .....	\$7.00 or	\$10.00
<input type="checkbox"/> Other Driving Record(s) (please specify record by type and date): _____ .....	Per Page Fee	Per Certified Record Fee
	\$ 0.25 or	\$ 3.00

[For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health]

**Total fee due is cost per line**

**for:**

Driver's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy**Check the following applicable statement:**

- ☐ I am the person named in the record(s) sought. ☒ I am requesting the record(s) of another person.

**If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below:**

- ☐ Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
- ☐ Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
- ☐ Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †
- ☐ Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating or underwriting activities †
- ☐ Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
- ☒ Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
- ☐ Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety

Statutory citation: \_\_\_\_\_

**CONSENT TO RELEASE by Person Named in Request** [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

**SIGN HERE**

Printed Name of Person Named in Request \_\_\_\_\_

Signature of Person Named in Request \_\_\_\_\_

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

**AFFIRMATION of Person Making Request**

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Oklahoma Department of Public Safety and OK.gov from any and all liability and penalties associated with my or my successor's or assignees' wrongful use and/or release of such information.

Nick Rollins

Printed Name of Person Making Request \_\_\_\_\_

Signature of Person Making Request \_\_\_\_\_

BLT Tanks LLC

† Print Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above)

Date \_\_\_\_\_ mm/dd/yyyy

PO Box 237

Kingfisher

OK

73750

Address

City

State

Zip



Mail completed form along with appropriate fees to:  
 Department of Public Safety  
 Records Management Division  
 P. O. Box 11415  
 Oklahoma City, OK 73136-0415

Fees are listed above.  
 Please send total amount due in form of :  
 Cashier's Check, Money Order, Personal or Business Check  
 Cash is accepted only when paying in person.  
 Record fees are in accordance with Oklahoma Statutes.