



DATE INTERVIEWED

AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

DIVISION/LOCATION

APPLICANT'S STATEMENT

I declare that my answers to the questions on this application are true and complete. I understand that any unanswered questions may cause my application to be rejected, and if I leave out important facts about my background or make any false or misleading statements on this application, other paperwork or during interviews, I may not be hired or I may be fired if Pinnergy, LTD. ("Pinnergy") finds out later.

I confirm that I have seen a description of the major job duties and physical requirements of the job I am applying for, and I understand that my application will be considered only for this specific job. I acknowledge that any job offer is not final until I pass Pinnergy's drug/alcohol test, job related physical exam and reference check.

If hired, I agree to learn and follow all company rules, policies and practices, and to follow my supervisors' lawful orders and instructions. I will use and wear all safety items required by Pinnergy and will be careful in my work not to expose myself or fellow workers to unnecessary dangers. I will submit to drug/alcohol tests and medical exams by a doctor chosen by Pinnergy at any time asked, and I will submit to such exams before making any claim against Pinnergy for injury or illness which happened at work.

I agree not to give out any of Pinnergy's trade secrets, or any information about the company without permission, and I agree not to do things in conflict with the interests of Pinnergy. I certify that I have read this Applicant's Statement in full, that it has been explained to me to my satisfaction, and that I understand and fully agree to accept the responsibilities it places on me, and I sign it of my own free will.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand I have the right to:

- Review information provided by previous employers;
Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I hereby authorize Pinnergy to deduct from my pay the amount necessary to cover the expense of pre-employment drug and/or alcohol test and physical exam, if for any reason, I should resign my position, or my employment be terminated prior to completion of the 90-day provisional period.

initial

Applicant Signature

Date of Application

Witness

Name (Last) (First) (Middle) Social Security Number
Address (City) (State) (Zip) Telephone (Area Code/Number)

Specific Job(s) Applying For: (1) (2)
Are you at least 18 years of age? Yes No
Are you employed now? Yes No
If yes, may we contact your present employer? Yes No
Are you a U.S. citizen? Yes No
Can you lawfully work in the U.S.? Yes No
Have you be convicted of a felony in the last 7 years? Yes No If Yes, explain on a separate sheet.

Have you worked for this company before? Where?
Dates: From To Rate of Pay Position

Reason for leaving
Emergency Contact Telephone

PERSONAL
EDUCATION

Table with columns: Name and Address of School, Dates Attended, Subject Area Studied, Did You Graduate?, Degree and Major. Rows include High School, College/University, Graduate/Professional Program, Business/Technical/Trade School.

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY OILFIELD, TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

EMPLOYMENT/TRAINING HISTORY NON-DOT APPLICANTS ONLY

EMPLOYER		DATE			
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER			
		REASON FOR LEAVING			

EMPLOYER		DATE			
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER			
		REASON FOR LEAVING			

EMPLOYER		DATE			
NAME		FROM MO.	YR.	TO MO.	YR.
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER			
		REASON FOR LEAVING			

MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List courses and training in maintenance work _____

Indicate years of experience in the following:

Drive Line Components _____	Electrical Repair _____
Diesel Engine Tune-up _____	Brakes _____
Gas Engine Tune-up _____	Cooling System _____
Tire Service _____	Transmission Repair _____
Oxyacetylene Welder _____	Air Conditioning (cab) _____
Hydraulics _____	_____
Preventative Maint. _____	_____

OILFIELD EXPERIENCE AND QUALIFICATIONS

List types of oilfield experience and number of years of each

_____	_____	_____	_____
_____	_____	_____	_____

List oilfield equipment you can operate and years of experience

_____	_____	_____	_____
_____	_____	_____	_____

List courses or training in oilfield work _____

CLASS A CDL ACCIDENT RECORD

DATES	NATURE OF ACCIDENT (Head-on, Rear-End, Over, Etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			
Next Previous			

DOT CERTIFIED APPLICATION

If you are applying for a DOT position you must provide TEN (10) years of prior work experience in order to be considered for the opportunity. Since we are REQUIRED to verify your employment history for the last 3 years we must have the below information in its entirety. **There must be NO GAPS in the time covered.** If you were unemployed for any reason during this time, write "UNEMPLOYED" and list the dates. **Failure to follow these instructions will delay the processing of your application.**

EMPLOYER			DATE	
			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring place carding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring place carding.

VOLUNTARY IDENTIFICATION

Pinnergy is an Equal Opportunity/Affirmative Action Employer. It is our policy to consider applicants for employment without regard to race, religion, color, sex, age, national origin, disability, or veteran status. However, Pinnergy is required by law to maintain certain information about applicants that is not used in the hiring process. If you supply us with the information below, it will be used strictly in accordance with the law. If you choose not to supply the information to Pinnergy it will have no effect whatsoever on the employment process.

 NAME APPLICATION DATE

1) _____ 2) _____
 SPECIFIC JOB(S) APPLIED FOR

Check one:	Check one: (Race/Ethnic Origin)	Check any of the following if applicable:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Caucasian)	<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> I need an Accommodation

How did you learn about this job opening? (check only one)			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Unemployment Office	<input type="checkbox"/> College	<input type="checkbox"/> Referral _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Trade School	<input type="checkbox"/> Call/Walk In	<input type="checkbox"/> Other _____

DO NOT WRITE BELOW THIS LINE - FOR PERSONNEL USE ONLY

Division: _____ Dept: _____ Status (Check One) 1. <input type="checkbox"/> Not Interviewed 2. <input type="checkbox"/> Interviewed, Not Hired 3. <input type="checkbox"/> Offer Refused 4. <input type="checkbox"/> Offer Accepted 5. <input type="checkbox"/> Confirmed Positive Drug/Alcohol Test 6. <input type="checkbox"/> Offer Recinded Date Offered: (if applicable) _____ Date Refused: (if applicable) _____ NOTE: After separating this page from the completed Application, make sure the data is recorded in the appropriate records, then store this page in a secure location separate from personnel files.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">TO BE COMPLETED ONLY IF HIRED</th> </tr> <tr> <td style="width: 50%;">Start Date: _____</td> <td style="width: 50%;">Pay Rate: \$ _____ per _____</td> </tr> <tr> <td colspan="2">Date of Birth: _____</td> </tr> <tr> <th colspan="2" style="text-align: center;">EMERGENCY CONTACT DATA</th> </tr> <tr> <td colspan="2">1) _____</td> </tr> <tr> <td style="text-align: center;">() (NAME)</td> <td style="text-align: center;">() (RELATIONSHIP)</td> </tr> <tr> <td style="text-align: center;">PHONE (DAY)</td> <td style="text-align: center;">PHONE (NIGHT)</td> </tr> <tr> <td colspan="2">1) _____</td> </tr> <tr> <td style="text-align: center;">() (NAME)</td> <td style="text-align: center;">() (RELATIONSHIP)</td> </tr> <tr> <td style="text-align: center;">PHONE (DAY)</td> <td style="text-align: center;">PHONE (NIGHT)</td> </tr> </table>	TO BE COMPLETED ONLY IF HIRED		Start Date: _____	Pay Rate: \$ _____ per _____	Date of Birth: _____		EMERGENCY CONTACT DATA		1) _____		() (NAME)	() (RELATIONSHIP)	PHONE (DAY)	PHONE (NIGHT)	1) _____		() (NAME)	() (RELATIONSHIP)	PHONE (DAY)	PHONE (NIGHT)
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Date of Birth: _____																					
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1) _____																					
() (NAME)	() (RELATIONSHIP)																				
PHONE (DAY)	PHONE (NIGHT)																				
1) _____																					
() (NAME)	() (RELATIONSHIP)																				
PHONE (DAY)	PHONE (NIGHT)																				

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, _____ Pinnergy _____ (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 512 - 343 - 8880. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act and A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22 as provided here.

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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 reporting 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.consumerfinance.gov/learnmore.
- 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.consumerfinance.gov/learnmore.

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 protection agency or your state Attorney General.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _____ First _____ Middle _____
Maiden/Other Names _____ Years Used _____

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

Signature _____ Date: ____/____/____ (Month/Day/Year)

NOTARY- (complete only if required)

If required, notarize here. When using an embossed seal,
please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

Date

My Commission Expires

BACKGROUND CHECK INFORMATION:

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

Please Print.

First Name _____ Middle Name _____ Last Name _____

Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019**

Facsimile: 512-424-5310

I, _____,
Print Name of CDL Holder

of _____,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____,
Print Name

of _____,
Print Address

Driver License Number _____ State _____ Date of Birth _____

Signature of Driver

Date

X

**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.**