



PO Box 930 | 224 4th Street NW, Suite 8
Devils Lake, ND 58301
phone: 701.662.6300 fax: 701.662.9296
email: employment@topshelfenergy.com

Employee ID: _____

APPLICATION FOR QUALIFICATION

COMPLETE ALL INFORMATION OR IT WILL NOT BE CONSIDERED. If the answer to any questions is "no or none", do not leave blank, but write "no or none". PLEASE TYPE OR PRINT ALL INFORMATION. SIGN AND DATE WHERE REQUIRED.

DATE OF APPLICATION: _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

PERSONAL INFORMATION:

FIRST NAME:	MIDDLE:	LAST NAME:	
CELL PHONE:	ALTERNATE PHONE:		
PHYSICAL ADDRESS:			
CITY:	STATE:	ZIP:	NUMBER OF YEARS AT CURRENT ADDRESS?
MAILING ADDRESS: (IF DIFFERENT THAN ABOVE)			
CITY:	STATE:	ZIP:	
PRIOR ADDRESS(ES) FOR PAST 3 YEARS:			
CITY:	STATE:	ZIP:	NUMBER OF YEARS AT THIS ADDRESS?

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21(b)(2)) REQUIRES THAT DRIVER APPLICANTS PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.
The Age Discrimination in Employment Act of 1967 (ADEA) protects applicants and employees who are 40 years of age or older from employment discrimination based on age.

DATE OF BIRTH:	SS #:	EMAIL ADDRESS:
POSITION APPLYING FOR:	<input type="checkbox"/> COMPANY DRIVER	<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> OWNER/OPS DRIVER
OWNER/OPERATOR NAME:	O/O BUSINESS NAME & FEIN :	

PLEASE LIST 2 PEOPLE, WE CAN CONTACT IN CASE OF EMERGENCY:

EMERGENCY CONTACT: (NAME AND RELATIONSHIP)	
EMERGENCY CONTACT PHONE:	ALTERNATE PHONE:
EMERGENCY CONTACT: (NAME AND RELATIONSHIP)	
EMERGENCY CONTACT PHONE:	ALTERNATE PHONE:

How did you hear about Top Shelf Energy LLC? ☐ Referred ☐ Radio ☐ Website ☐ Internet ☐ Other _____

If referred by someone, please provide name: _____

PHYSICAL HISTORY:

The Federal Motor Carriers Safety Regulations (49 CFR 391 Subpart E) require that all driver applicant pass certain medical examinations before they are hired to drive a motor vehicle.

Date of last Department of Transportation medical examination: _____ Can you provide a copy? ☐ YES ☐ NO

(Certificate and Report Form required prior to employment)

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tanker, flat, etc.)	MANUAL	AUTO- MATIC	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)
Straight Truck		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Semi Trailer		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Two Trailers		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Tanker		<input type="checkbox"/>	<input type="checkbox"/>			
Other		<input type="checkbox"/>	<input type="checkbox"/>			
Total number of years of driving experience:				When did you obtain your CDL? (month & year):		

Do you currently hold more than one valid license?

☐ YES ☐ NO

Drivers Licenses List any licenses held in the last three (3) years.	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION:

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Roll-Over, etc.)	FATALITIES	INJURIES	HAZMAT
Most Recent:				
Next Previous:				
Next Previous:				
Next Previous:				

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.

a. Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? ☐ YES ☐ NO

If the answer to "a" is yes, please explain by providing a statement of circumstances. Attach an additional sheet if necessary.

b. Have you ever been convicted or been on probation for DWI or DUI? ☐ YES ☐ NO

If the answer to "b" is yes, please explain in the space provided below. Attach an additional sheet if necessary.

During the past seven (7) years, have you ever been convicted of a crime or violation other than a minor traffic infraction?A conviction record will not necessarily be a bar to employment. Felony and misdemeanor convictions will be considered only to the extent to which they relate to your suitability for the position for which you have applied. ☐ YES ☐ NO

If yes, please explain.

JOB RELATED SKILLS AND REQUIREMENTS:

Do you have a current hazmat endorsement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a current tanker endorsement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to take a drug test as part of your application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been given a job description or had the requirements of the job explained to you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you understand the requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list all certifications you have (such as PEC, OSHA10, SAFELAND, H2S): (copies of all certifications will be needed at time of hire)	

CDL ENDOREMENTS AND RESTRICTONS:**ENDORSEMENTS**

- ☐ X TANKER & HAZMAT
☐ H HAZMAT
☐ N TANKER
☐ P PASSENGER
☐ T DOUBLE/TRIPLE TRAILER
☐ O OTHER (LIST): _____

RESTRICTIONS/WAIVERS (LIST ALL)

OTHER QUALIFICATIONS:

Please list any other qualifications or information which you believe would be important for consideration by the Company pertaining to this application.

REFERENCES:

List three persons familiar with your work record and/or abilities. Do not list relatives.

NAME	COMPLETE STREET ADDRESS (including city, state & zip)	PHONE NUMBER	YEARS KNOWN

EDUCATION:

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE YES	GRADUATE NO	DETAILS
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT HISTORY:

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years).**

ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). **You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.**

For employment dates please indicate MONTH, DAY and YEAR (MM/DD/YY)

Current Employer Name:		Supervisor:	
Phone:		Fax:	
Address:			
City:		State:	Zip:
Position Held:	Job Duties:		
Employment Dates: From: _____ / _____ / _____ To: _____ / _____ / _____			
May we contact employer prior to hiring? While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name:		Supervisor:	
Phone:		Fax:	
Address:			
City:		State:	Zip:
Position Held:	Job Duties:		
Employment Dates: From: _____ / _____ / _____ To: _____ / _____ / _____			
Reason for leaving:			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name:		Supervisor:	
Phone:		Fax:	
Address:			
City:		State:	Zip:
Position Held:	Job Duties:		
Employment Dates: From: _____ / _____ / _____ To: _____ / _____ / _____			
Reason for leaving:			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name:		Supervisor:	
Phone:		Fax:	
Address:			
City:		State:	Zip:
Position Held:	Job Duties:		
Employment Dates: From: _____ / _____ / _____ To: _____ / _____ / _____			
Reason for leaving:			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name:		Supervisor:	
Phone:		Fax:	
Address:			
City:		State:	Zip:
Position Held:	Job Duties:		
Employment Dates: From: _____ / _____ / _____ To: _____ / _____ / _____			
Reason for leaving:			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name:		Supervisor:	
Phone:		Fax:	
Address:			
City:		State:	Zip:
Position Held:	Job Duties:		
Employment Dates: From: _____ / _____ / _____ To: _____ / _____ / _____			
Reason for leaving:			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name:		Supervisor:	
Phone:		Fax:	
Address:			
City:		State:	Zip:
Position Held:	Job Duties:		
Employment Dates: From: _____ / _____ / _____ To: _____ / _____ / _____			
Reason for leaving:			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name:		Supervisor:	
Phone:		Fax:	
Address:			
City:		State:	Zip:
Position Held:	Job Duties:		
Employment Dates: From: _____ / _____ / _____ To: _____ / _____ / _____			
Reason for leaving:			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

USE ADDITIONAL SHEETS AS NEEDED FOR COMPLETE EMPLOYMENT HISTORY

DRIVER APPLICANT DRUG AND CONTROLLED SUBSTANCE ABUSE PRE-EMPLOYMENT STATEMENT

NOTICE TO DRIVER APPLICANTS CONTROLLED SUBSTANCES TESTING REQUIREMENT

Top Shelf Energy LLC has a vital interest in maintaining safe, healthful and efficient working conditions for our customers, the public and our drivers. Using or being under the influence of alcohol and/or controlled substances on the job may pose serious safety and health risks not only for the user, but to all those who work with the user. The possession, use or sale of alcohol or illegal controlled substances poses unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, and in compliance with the Department of Transportation's Alcohol and Controlled Substances Testing Requirements (49 CFR part 382) drivers who wish to be considered for employment must agree to SUBMIT TO PRE-EMPLOYMENT CONTROLLED SUBSTANCES TESTING. All pre-employment drug test will be conducted only after a contingent offer of employment is made.

By completing and signing this Notice and the Qualification Application, the driver applicant understands and agrees to submit to a pre-employment controlled substances testing as provided for in Top Shelf Energy's Alcohol and Controlled Substances Policy.

Any driver applicant who is unwilling to agree to these conditions should not apply for employment with Top Shelf Energy. Refusal of a driver applicant to agree to a controlled substance is dusting at this time does not preclude applying for employment with Top Shelf Energy at some future date.

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT:

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last two (2) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered yes, to the above questions, can you provide proof that you have successfully completed the DOT return-to-duty requirements? ☐ YES ☐ NO

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____ Last 4 of SS#: _____

NOTIFICATION AND AGREEMENT

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN IMMEDIATE TERMINATION.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

To the extent not otherwise prohibited by FMCSA regulation or any other applicable regulations or laws, it is the policy of the company to provide equal employment opportunities to all individuals, regardless of race, color, creed national origin, ethnicity, ancestry, sex, sexual orientation or preference, age, religious beliefs, disability, genetic information, citizenship status, pregnancy, child bearing status, marital status, veteran status, military service, or any other characteristic protected by applicable law.

I hereby authorize The Company to investigate any and all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the Employer from all liability that might result from making an investigation.

I hereby consent to The Company conducting any checks concerning my background which are deemed necessary, advisable, or helpful by The Company (except contacting my current employer prior to hiring, unless permission is granted above). I understand that if hired, I will receive a copy of The Company rules and regulations and the Company's policies including its drug/alcohol policy. I will read and understand the rules, regulations, and policies; and I acknowledge that I will be required to abide by them. I understand that if hired, I will be required to submit to a drug test as part of this application procedure. I hereby consent to that drug test, agree to cooperate fully with that drug test, and waive any and all objections I might otherwise have to such drug testing. I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice, at any time, at the option of either The Company or myself. I understand that no manager or representative of The Company as any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I hereby understand and acknowledge that, that if qualified and hired, I will be on a probationary period of not less than 90 days during which time I may be disqualified without recourse. Any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

If hired, I agree to abide by all of the company rules and regulations. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Company President and Vice President to make any agreement contrary to the foregoing.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or, in the event I become employed by The Company in my dismissal, regardless of when such falsification is discovered.

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.

Driver's Signature: _____

Date: _____

Driver's Name (printed): _____

NOTICE TO ALL APPLICANTS:

The Company may use the information contained in this application and may contact your former employer(s) for the purpose of investigating your safety performance history information as required by the Federal Motor Safety Regulations (49 CFR 391.23 (d) and (3). Pursuant to 49 CFR 391.23 (i), you have the following rights regarding the investigative information that is provided to The Company by your previous employer(s):

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant the employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety- sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the previous employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____

Date: _____

Driver's Name (printed): _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT:

In accordance with the provisions of the Fair Credit Reporting Act (Public La 91-508) as amended by the Consumer Credit Reporting Act of 1996. I have been informed the Top Shelf Energy, LLC (the "Company") will procure a motor vehicle report (MVR), criminal background check and reference checks, all of which are defined as a consumer report regarding my driving and background record to determine my suitability for work at the Company.

I understand that I have the rights to request, in writing, information pertaining to the nature and scope of the inquiry and a written summary of my rights under the Fair Credit Reporting Act. I understand that I may have additional rights under applicable state and federal laws.

I hereby authorize the Company to obtain this information and release and hold harmless any person, firm, or entity that discloses such information in accordance with this authorization. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure a motor vehicle report (MVR) and a criminal check which is defined as a consumer report at any time during my employment period. Any copy of this authorization shall have the same authority as the original.

Signature: _____ Date: _____

Name (Please Print): _____
First Middle Last

Date of Birth: _____ Social Security Number: _____
(mm/dd/yyyy)

License Number: _____ Issuing State: _____

License Class: _____ Expiration Date: _____ Date CDL Obtained: _____

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with TOP SHELF ENERGY 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](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 TOP SHELF ENERGY 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.

Driver's Signature: _____ Date: _____

Driver's Name (printed): _____

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 12/22/2015

PSP 2 of 2