



739 Vandalia Street, St. Paul MN 55114
PO Box 64963, St. Paul, MN 55164-0963

DISCLOSURE AND AUTHORITY TO RELEASE INFORMATION AND AGREEMENT TO PROVIDE INFORMATION

I understand that in processing my application to work as a contractor for Trademark Transport, Inc., under MC 157910 an investigative report is required. This includes a Driver Investigation History and Driving Record inquiries will be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; employment history, motor vehicle records, safety performance history, etc.

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Trademark Transport, Alpha Omega Line, Inc, Midwest Compliance, Verified Credentials, Inc., Trademark Transportation and its subsidiaries from any liability.

In addition I agree to provide the necessary information for maintaining a Driver Qualification file (391.51). These include DOT's Application for Employment (391.21), copy of valid commercial driver license (391.33), Physical form (391.43) or Physical form waiver (391.49).

I further agree to take all required Drug and Alcohol testing as required. I understand that these will be held in a confidential file with controlled access (382.401).

I hereby certify that all the statements and answers set forth on the application form are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection of my request to work as a contractor.

Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code

Driver's License Number	State Issued	Expiration Date	Number of years CDL experience
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Date of Birth	Social Security Number
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Tractor Make	Model	S/N	Year	Estimated value	
Unit	Number of Axles	Purchase Price	Purchase Date	Empty Weight	Licensed Weight

Trailer Make	Model	S/N	Year	Estimated value
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I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Signature	Date
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