

T&T TRANSPORTS, INC.
PO BOX 872
COLORADO CITY, TEXAS 79512
(325) 728-2669 – OFFICE (325) 728-8843 – FAX
www.tttransports.com

Applicant:

Please include as much information as possible (especially phone numbers) from your previous jobs. We are much more likely to take an interest in your application and to interview you if all pertinent information is on the application.

Please return your application with the proper postage to:

T&T TRANSPORTS, INC.
PO BOX 872
COLORADO CITY, TEXAS 79512

You can also return your application by fax to (325) 728-8843 or email to apps@tttransports.com. We appreciate your interest in working for T&T and we look forward to receiving your application.

Please read, sign, and date the following release so we can process your application as soon as possible.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at the employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 391.21(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.

Signature

Date

T&T TRANSPORTS, INC.

FAIR CREDIT REPORTING ACT

DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 321.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

T&T TRANSPORTS, INC.

BASIC JOB DESCRIPTION **DRIVER/LABORER**

It is the position of this company to provide our customers with the most professional, competent, and courteous driver/laborer available.

- Must be at least 21 years of age or older.
- Must have at least one-year verifiable truck driving experience.
- Must have a Commercial Operator's License with Tanker Endorsement.
- No more than two traffic violations in the past three years. No at fault accidents.
- No DUI in the past five years.
- No felony conviction in the past seven years.
- Must have a valid Social Security Card.
- Must have copies of current DOT physical and medical examiners card.
- It is the driver/laborer's duty to ensure that all field equipment is delivered and returned in perfect condition and in a timely manner.
- All trucks are to be tripped before and after each job.
- Safety equipment will be assigned to you when you get to the district and must be returned before you leave. Anything not returned will be deducted from your check.
- Time sheets and logs must match. Time starts at the beginning of the pre-trip inspection and will end when post-trip inspection is completed.
- Time sheets must be approved daily by the supervisor on the job and weekly by the operations supervisor unless told otherwise.
- Must be willing to work in the yard when necessary.
- Must be able to walk (40%), bend (40%), and stand (20%).
- Must be able to work positions including squatting (20%), with extended reach above the head (20%), and in front of body (60%), above 18 inches and in front 30 inches.
- Must be able to lift and lower to the ground materials weighing up to 100 pounds and lift materials weighing up to 50 pounds up to 15 times per hour for distances up to 30 feet.
- Must be able to operate vehicle (GWT 80,000 pounds) up to 400 miles per day in rural traffic to off-site locations to move materials. Must be able to get in and out of truck 5 to 10 times per hour, requires squatting and pushing to position equipment.
- Must be able to work in outside environment in all temperatures and climatic conditions.
- Must be able to travel to any assigned district.
- Must be able to complete all job-related duties in a thorough and accurate manner as requested by the Supervisor.
- Must undertake and support any policy, change, system, or work rules the company implements regarding the purpose of this position.

My signature on the following line indicates my ability to, acceptance of, and commitment to perform this position.

Driver's Signature

Date

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

ANSWER ALL QUESTIONS

Name _____ Social Security # _____
LAST FIRST MIDDLE

Phone Number(s) _____ Date of Birth ____/____/____
(Required for Commercial Drivers)

Current Address _____ How Long? _____
Street City State & Zip Year/Month

Previous Addresses _____ How Long? _____
Street City State & Zip Year/Month
_____ How Long? _____
Street City State & Zip Year/Month
_____ How Long? _____
Street City State & Zip Year/Month

Email Address _____ Have you worked for T&T before? _____

If yes, when? _____ Reason for leaving _____

Are you currently employed? _____ If not, how long since leaving last employer? _____

Who referred you or where did you see our ad? _____ (MUST BE COMPLETED)

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address and phone number. Complete applications can be processed quicker. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

LAST EMPLOYER _____ HOW LONG _____
Year/Month

ADDRESS _____ PHONE # _____
Street City State & Zip

DATES WORKED _____ REASON FOR LEAVING _____ SALARY _____
From / To

CONTACT PERSON _____ POSITION HELD _____

WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? 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 _____

FORMER EMPLOYER _____ HOW LONG _____
Year/Month

ADDRESS _____ PHONE # _____
Street City State & Zip

DATES WORKED _____ REASON FOR LEAVING _____ SALARY _____
From / To

CONTACT PERSON _____ POSITION HELD _____

WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? 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 _____

EMPLOYMENT HISTORY (CONTINUED)

FORMER EMPLOYER _____ **HOW LONG** _____
Year/Month

ADDRESS _____ **PHONE #** _____
Street City State & Zip

DATES WORKED _____ **REASON FOR LEAVING** _____ **SALARY** _____
From / To

CONTACT PERSON _____ **POSITION HELD** _____

WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? 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 _____

FORMER EMPLOYER _____ **HOW LONG** _____
Year/Month

ADDRESS _____ **PHONE #** _____
Street City State & Zip

DATES WORKED _____ **REASON FOR LEAVING** _____ **SALARY** _____
From / To

CONTACT PERSON _____ **POSITION HELD** _____

WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? 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 _____

FORMER EMPLOYER _____ **HOW LONG** _____
Year/Month

ADDRESS _____ **PHONE #** _____
Street City State & Zip

DATES WORKED _____ **REASON FOR LEAVING** _____ **SALARY** _____
From / To

CONTACT PERSON _____ **POSITION HELD** _____

WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? 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 _____

FORMER EMPLOYER _____ **HOW LONG** _____
Year/Month

ADDRESS _____ **PHONE #** _____
Street City State & Zip

DATES WORKED _____ **REASON FOR LEAVING** _____ **SALARY** _____
From / To

CONTACT PERSON _____ **POSITION HELD** _____

WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? 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 ANOTHER SHEET IF NECESSARY

* 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.

ACCIDENTS/INCIDENTS YOU'VE HAD IN THE PAST THREE YEARS. IF NONE, WRITE NONE

<u>TYPE OF ACCIDENT</u>	<u>DATE</u>	<u>INJURIES FATALITIES</u>	<u>HAZARDOUS MATERIALS SPILLED</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DRIVERS LICENSES OR PERMITS HELD IN THE PAST THREE YEARS

<u>STATE</u>	<u>LICENSE #</u>	<u>TYPE</u>	<u>EXPIRATION DATE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

ENDORSEMENTS ON DRIVERS LICENSE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER OF THESE IS YES, GIVE DETAILS _____

- C. Have you ever tested positive or refused a random, or post-accident drug or alcohol test? YES _____ NO _____

IF THE ANSWER TO QUESTION C IS YES, GIVE DETAILS ON A SEPARATE SHEET

DRIVING EXPERIENCE CHECK YES OR NO

STRAIGHT TRUCK YES _____ NO _____ TRACTOR & SEMI-TRAILER YES _____ NO _____
 TRACTOR -TWO TRAILERS YES _____ NO _____ TRACTOR-THREE TRAILERS YES _____ NO _____
 MOTOR COACH-SCHOOL BUS (MORE THAN 7 PASSENGERS) YES _____ NO _____

DO YOU HAVE MOUNTAIN OR WINTER DRIVING EXPERIENCE? YES _____ NO _____

CIRCLE TYPES OF EQUIPMENT PULLED—FLAT, REEFER, DUMP, TANK, PNEUMATIC, VAN, CATTLE

LIST ANY SPECIALIZED TRAINING OR EXPERIENCE THAT MIGHT BE HELPFUL TO YOU IN THIS JOB

CIRCLE HIGHEST GRADE COMPLETED : 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (SCHOOL NAME) (CITY, STATE)

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec.40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec.40.25(b)(5) and (e))

Prospective Employee _____ Social Security Number _____
(Print)

The prospective employee is required by Sec. 40.25(j) (shown above) to respond to the following

- 1) Have you 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 covered by DOT agency drug and alcohol testing rules during the past two years?

Check one Yes _____ No _____

- 2) Have you tested positive, or refused to test, on ANY drug or alcohol test administered by an employer for whom you performed safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one Yes _____ No _____

- 3) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one Yes _____ No _____

I certify that the information provided on this document is true and correct. Please have someone witness your signature.

Prospective Employee Signature

Date

Witness

Date

APPLICANT'S CERTIFICATION AND AGREEMENT

(PLEASE READ CAREFULLY)

It is agreed and understood that any misrepresentations of information given in my application shall be considered an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not. Applicant releases employers and any other persons from all liability for any damages on account of furnishing such information.

The applicant agrees to furnish such additional information and complete any such examinations as may be required to complete his/her employment file.

The applicant agrees to submit to pre-employment drug and alcohol screening. The applicant authorizes any and all previous employers to release my drug and alcohol testing history and results for the past two years. It is agreed and understood that receipt of my drug and alcohol testing history and results is a condition of my employment as a driver and that any inability on the part of the employer or its agents to obtain this information will disqualify me and result in withdrawal of any offer of employment.

It is agreed and understood that this application for employment in no way obligates the employer to employ me.

It is agreed and understood that, if hired, the applicant may be employed on a trial basis during which time (s)he may be discharged without recourse.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

AUTHORIZATION TO OBTAIN INFORMATION

as required by 49 CFR 391.23

I, _____, the undersigned, authorize **T&T TRANSPORTS, INC.** or its designated agent, to make inquiries, either by written communication, telecommunication, or in person, to any former employer, creditor, governmental agency, educational institution, military establishment, or any other persons as may be knowledgeable of my background as to my prior history, work experience, nature of duties, work hours, performance levels, reliability, honesty and other measures of my character or personality.

I hereby further authorize the release of any information with regard to alcohol and controlled substance testing and any refusal to take such tests as required by Section 382.413 of the Federal Motor Carrier Safety Regulations in order to be considered for a position requiring a commercial driver's license. I authorize the release of my accident history to complete the safety investigation required by FMCSR §391.23.

In consideration for your furnishing such information, I specifically waive any confidential relationship or privacy position that may exist between us and completely release you from any responsibility or liability for damages that may occur as the result of the disclosure of truthful information.

A photostatic or any other copy of this instrument bearing my signature shall be equally and legally valid as the original.

Applicant's Signature

Date

Print Name

Social Security Number

§391.23 Investigation and inquiries. †

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph 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.

(e)(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.

(e)(2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to §382.605 of this chapter, or 49 CFR part 40, subpart O. If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.

(e)(3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a §382.605 or 49 CFR part 40, subpart O referral:

(e)(3)(i) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(e)(3)(ii) Verified positive drug tests;

(e)(3)(iii) Refusals to be tested (including verified adulterated or substituted drug test results).

(f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of §40.321(b) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

†TAKEN FROM THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR's)

Subpart B - Employer Responsibilities*

§ 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

PartTop

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

(1) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(2) Verified positive drug tests;

(3) Refusals to be tested (including verified adulterated or substituted drug test results);

(4) Other violations of DOT agency drug and alcohol testing regulations; and

(5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.

(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

*Taken from The Department of Transportation's (DOT) rule, 49 CFR Part 40,



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.

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

2. Deliver, mail or FAX the completed form to:

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 T&T TRANSPORTS, INC.
Print Name

of PO BOX 872 COLORADO CITY TX 79512
Print Address

Driver License Number _____ State _____ Date of Birth _____

Signature of Driver

X

Date

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>.

APPENDIX B – FACIAL HAIR GRAPHICS

Unacceptable



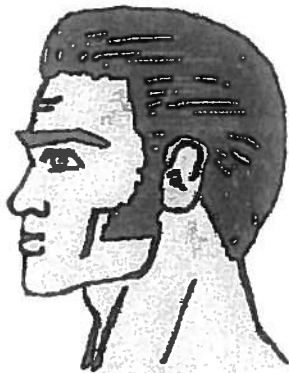
Full Beard



Goatee & Narrow Mustache



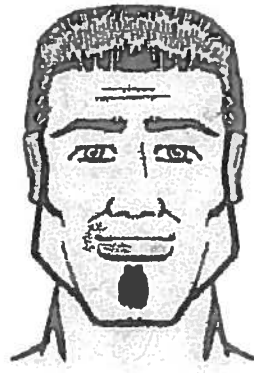
Goatee & Wide Mustache



Extended Side Burns



Fu Manchu Mustache

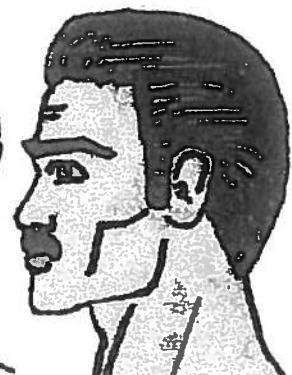
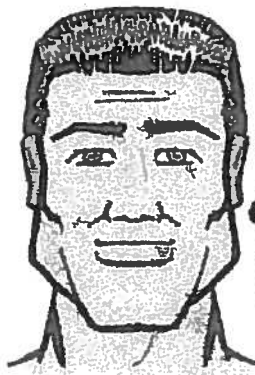


Chin Hair



Wide Mustache

Acceptable



Authorization of Background Investigation

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 preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I also understand that in the event I am assigned by the Company to perform contract services for the Client, in no way shall this Authorization and Consent form, or the resulting consumer report or investigative consumer report provided to the Client, be deemed to create any legal employment relationship between myself and the Client.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, 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 all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

X Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

T & T TRANSPORTS, INC.

CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

T+T Transports Inc. (the "Company") may request background information about you from a consumer reporting agency to determine your eligibility for a contract assignment to Baker Hughes (the "Client"). Your background information will help the Client to determine whether you meet its background criteria necessary to perform services on behalf of the Company for the Client. This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports for the Client may be obtained by the Company at any time after receipt of your authorization and during your assignment (if any) with the Client. These background reports may be disclosed to the Client, and to its designated representatives and agents, by the Company and/or by the consumer reporting agency acting at the direction of the Company.

HireRight, Inc. ("HireRight"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

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 obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are an applicant, employee or contractor in any of the states listed below, please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency (e.g., HireRight) 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 the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or

by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity. Additional California-specific information is set out below.

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 office 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 consumer reporting agencies copies of any such reports.

MASSACHUSETTS: You have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you. A summary of your rights under the New Jersey Fair Credit Reporting Act is set out below.

NEW YORK: You have the right, upon written request, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is provided below.

WASHINGTON STATE: If the Company requests 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 the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. 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, which is also set out below.

Para información en español, 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 consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>

5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357