



FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)

Applicant Authorization to Release Safety History Information

SECTION A – To Be Completed by Applicant – PLEASE PRINT CLEARLY

Applicant Name: SS# Date of Birth:

Check this box if you have NOT performed Department of Transportation (DOT) functions in the past THREE (3) years.

I hereby authorize the previous employer listed below to release from my safety performance history outlined in section C to Asurint on behalf of Plains All American.

Table with 3 columns: Previous Employer Name (ONE PER FORM), City/State, Dates of Employment

Applicant Signature: Date:

SECTION B – To Be Completed by Prospective Employer

Plains All American GP LLC | 333 Clay Street, Ste 1600 | Houston, TX 77002

Human Resources | 713-646-1400

In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 2 years preceding the date above. Please complete the information below and return to us immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to: Asurint

E-mail: Verification@asurint.com | Fax: 216-875-5001

SECTION C – To Be Completed by Previous Employer

Previous Employer Company Name:

Dates of Employment: Position:

Reason for Leaving: Discharged Resigned Lay Off Military Duty Other (specify):

SAFETY PERFORMANCE HISTORY

Did the above named individual drive a commercial motor vehicle (CMV) for you? Yes No

While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? If Yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature. Yes No

Table with 5 columns: Accident Date, City/State, # Injuries, # Fatalities, Hazmat Spill? (Yes/No)

Additional Remarks below

Name (Please Print): Title:

Signature: Phone#: Date:

Please Return to Asurint - E-mail: Verification@Asurint.com | Fax # 216-875-5001