STAR FLEET, INC
PO Box 769
Goshen, Indiana 46527

This Request and Consent Form is to be filled out by your previous employers. Your signature is required below for the release of this information. Applicants with DOT-regulated employment within the last 3 years have the right to review information provided by previous employers, and the right to correct that information.

Carrier: _____Phone: _____Fax: _____

1.Date of employment or lease: From _____To _____

2.Owner/Operator_____ Company Driver _____ Other _____ Quality of Work: _____

3 Equipment operated: Tractor ____Straight Trucks ____ Toter ____Manufactured Housing _____ Flat _____ Vans ____Tanks ____

4.Accident History: DOT Recordable: _____ (Please attach documentation.)

5 Outstanding claims or advances: _____ Transit DamageClaims:_____

6.Workers Compensation or Disability Claims: _____ if yes please explain _____

7. Reason for leaving: _____ Eligible for rehire: _____

8. Was the applicant subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

9.Was the applicant's job designated as a safety-sensitive function subject to drug and alcohol testing requirements of 49 CFR parts 40? Yes _____ No_____. If YES, please answer the remaining questions.

When answering the following questions include any drug and alcohol-testing information obtained from previous employers under 40.25 or other applicable DOT Agency regulations.

10..Has this person had a verified positive drug test? ____Yes _____No

11.Has this person had an alcohol test with a BAC of 0.04% or higher? ____Yes _____No

12. Has this person refused to be tested (including a verified adulterated or substituted drug test result?) ____Yes _____No

13. Has this person committed other violations of DOT agency drug and alcohol testing regulations? ____Yes _____No

14. If this person has violated a DOT drug and alcohol regulation, do you have documentation? ____Yes _____ No
(If Yes, Please provide the following and send documentation back with this form.)

Name_____

Company_____

Street City State and Zip Code_____

Your Signature_____*Date* _____

Return to: Star Fleet, Inc. Fax 918-245-3143

YOUR SIGNATURE IS REQUIRED TO OBTAIN YOUR WORK HISTORY FROM YOUR PREVIOUS EMPLOYERS.

Being an Independent Contractor/Driver applicant for Star Fleet, Inc. I understand FMCSA Regulations and Company Policies and Procedures require information to be obtained from my previous employers concerning my safety habits, drug & alcohol testing, training, work performance, financial records, MVR, medical and accident reports. I hereby release you from any and all liability, which may result from furnishing this information to Star Fleet, Inc.

Social Security Number_____ ***Printed Name*** _____

Signature_____ ***Date*** _____