

**FREMONT COUNTY DEPARTMENT OF TRANSPORTATION  
APPLICATION ADDENDUM - Use additional sheet of paper if necessary.**

Full Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Must provide the address at which you resided during the three years preceding the date of which the application is submitted:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Length at Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Length at Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Length at Address: \_\_\_\_\_

Must provide information for each unexpired commercial driver's license, or permit:

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes:  No:

Have you ever had any license, permit, or privilege suspended or revoked? Yes:  No:

If yes, please provide details: \_\_\_\_\_

Must provide information on the nature, extent, and type of experience in the operation of motor vehicles:

Bus: Yes:  No:  From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Number of Miles: \_\_\_\_\_

Truck: Yes:  No:  From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Number of Miles: \_\_\_\_\_

Truck Tractor: Yes:  No:  From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Number of Miles: \_\_\_\_\_

Semi-Trailer: Yes:  No:  From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Number of Miles: \_\_\_\_\_

Full Trailer: Yes:  No:  From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Number of Miles: \_\_\_\_\_

Pole Trailer: Yes:  No:  From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Number of Miles: \_\_\_\_\_

Other: Yes:  No:  From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Number of Miles: \_\_\_\_\_

Other: Yes:  No:  From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Number of Miles: \_\_\_\_\_

Must provide a list of all motor vehicle accidents during the three years preceding the date of this application:

Date: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_ Hazardous Materials Spill: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_ Hazardous Materials Spill: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_ Hazardous Materials Spill: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_ Hazardous Materials Spill: \_\_\_\_\_

Must Provide a list of all violations of motor vehicle laws or ordinances for which convicted or forfeited bond during the three years preceding the date of this application. DO NOT include parking violations:

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Were you subject to FMCSR's while employed by any of your previous employers? Yes:  No:

Were you designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements with any of your previous employers? Yes:  No:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_