



Main Office
8283 State Route 29
Montrose, PA 18801
(570) 278-7118 main
(570) 278-6340 fax

GasSearch Drilling Services
A CABOT OIL AND GAS COMPANY

North Region Office
2000 Park Lane, Suite 300
Pittsburgh, PA 15275
(412) 249-3850 main

ADDITIONAL INFORMATION REQUIRED FOR ALL DRIVER APPLICANTS

Name _____
(First) (Middle) (Maiden Name, if any) (Last)

Address _____

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. What type of license do you have? (Operator _____ CDL _____ Class _____)
- B. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____
- C. Has any license, permit, or privilege ever been suspended or revoked: Yes _____ No _____

IF THE ANSWER TO EITHER B OR C IS YES, ATTACH STATEMENT GIVING DETAILS.

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS.

STREET	CITY	STATE & ZIP CODE	HOW LONG
			yr./mo.
			yr./mo.
			yr./mo.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries and information are true and complete to the best of my knowledge.

_____ Date _____ Applicant's Signature

Note: A motor carrier may require an applicant to provide additional information to that required by the Federal Motor Carrier Safety Regulations.