FREMONT COUNTY DEPARTMENT OF TRANSPORATION 1170 Red Canyon Road, Canon City, Colorado 81212 APPLICATION ADDENDUM - **Use additional sheet of paper if necessary.**

Full Name:									
Date of Birth: Social Security Number:									
A) DOT applicants must provide the address at which they resided during the 3 years preceding the date on which the application is submitted.									
Street Address			City			Stat	te Zi	p	Length at Address
Street Address		City				State Zip		Length at Address	
Street Address			City			Stat	State Zip		Length at Address
B) DOT applicants	e information for each of their unexpired commerc				rcial drive	al driver's license, or		· permit.	
State		License Number			Tuna			Exp. Date	
State		License Number			Type			Exp. Date	
State	License Number Type			Type			Exp. Date		
Have you ever been denied a license, permit or privilege to						Yes	1 1		
Has any license, permit or privilege ever been suspende				or revok	ed?		Yes		0
If yes, give details:									
C) DOT applicants		re, extent and type of exper							
Dura	Yes		No	From Date		To Date		Number of Miles	
Bus Truck									
Truck Tractor									
Semi-Trailer									
Full Trailer									
Pole Trailer									
Other:									
Other:									
D) DOT applicants must provide a list of all motor vehicle accidents during the 3 years preceding the date of this application.									
Date	ure of Accident	F	Fatalities		juries	Hazardous Material Spill			
E) DOT applicants must provide a list of all violations of motor valual laws or ardinarces for which convicted as forfaited hard during									
E) DOT applicants must provide a list of all violations of motor vehicle laws or ordinances for which convicted or forfeited bond during the 3 years preceding the date of this application. DO NOT include parking violations.									
Date	Location				Charge			Penalty	
F) Were you subject to FMCSRs while employed by any of your previous employers? Yes									No
G) Were you designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing									
		ur previous employ					Yes		No
Signature: Date:									