

DRIVER APPLICATION FORM

Pursuant to the Carrier Access Agreement between Tesoro Logistics Operations LLC (“**Tesoro**”) and _____ (*insert Carrier company name*) (“**Carrier**”), dated _____ (the “**Agreement**”), Carrier represents to Tesoro that it has been authorized by a Customer as provided by completion of this Driver Application Form to the Agreement or a similar form accepted by Tesoro to access _____ (*insert name of Tesoro facility*) (the “**Facilities**”) described in the Agreement in order to load/unload Product(s) for such Customers.

Carrier hereby requests that each person listed below be designated as an “**Authorized Driver**” for Carrier under the Agreement, and be issued an Access Device for the Facilities in order that such person may enter and operate loading/unloading Facilities at such Facilities.

Driver’s Full Legal Name (as shown on Driver License)	Driver’s Address (as shown on Driver License)	Driver License Number & State of Issuance	Driver License Expiration (MM / DD / YYYY)	Driver Number
<i>Completed by Carrier</i>	<i>Completed by Carrier</i>	<i>Completed by Carrier</i>	<i>Completed by Carrier</i>	<i>Completed by Tesoro</i>

[Use additional sheets as necessary]

Carrier agrees to be responsible for the Access Devices it is issued, as provided in the Agreement.

CARRIER: _____
By: _____
Printed Name: _____
Title: _____
Date: _____