

FREMONT COUNTY DEPARTMENT OF TRANSPORTATION  
 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 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Length at Address \_\_\_\_\_

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

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

**B) DOT applicants must provide information for each of their unexpired driver's license(s), or permit, in the last 3 years.**

State \_\_\_\_\_ License Number \_\_\_\_\_ Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_ Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, give details: \_\_\_\_\_

**C) DOT applicants must provide information on the nature, extent and type of experience in the operation of motor vehicles.**

Type	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	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill

**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 requirements with any of your previous employers? Yes No**

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

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