



FOSTER PARK
BROKERS

Driver Authorization Form

Train Oilfield Services Ltd.

Re: Authorization to obtain Drivers Abstract.

It is my understanding that as a condition of my employment with *Train Oilfield Services Ltd.* that I have a valid driver's license.

I, by my signature, hereby authorize *Train Oilfield Services Ltd.*'s insurance company and/or Foster Park Brokers Inc. to obtain a copy of my driver's abstract from the Provincial authority under which I am licensed. *Train Oilfield Services Ltd.*'s insurance company will make requests for driver abstracts on a periodic basis from time to time and this authorization will remain in effect while I am employed with *Train Oilfield Services Ltd.*, unless otherwise rescinded in writing by me.

NAME: _____
(PLEASE PRINT)

DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____

CLASS: _____ PROVINCE: _____

SIGNATURE: _____

DATE: _____

This document provides a summary of insurance which has been arranged on your behalf and should not be relied on as a complete description of insurance coverage. Full details of the insurance so arranged, including conditions and exclusions of coverage, are described in the insurance policy issued by the Insurer.