DRIVER APPLICATION FORM

Pursuant to the Carrier Access Agreement between Tesoro Logistics Operations LLC ("**Andeavor**") and _____ (*insert Carrier company name*) ("**Carrier**"), dated _____ (the "**Agreement**"), Carrier represents to Andeavor 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 Andeavor to access _____ (*insert name of Andeavor 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**
Completed by Carrier	*Completed by Carrier*	*Completed by Carrier*	*Completed by Carrier*	*Completed by Andeavor*

[*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: _____