

## GYSH Driver Application

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_

City: \_\_\_\_\_, Texas                      Zip: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expire Date: \_\_\_\_\_

PayPal Account ID: \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Expire date: \_\_\_\_\_

Truck Make: \_\_\_\_\_ Truck Model: \_\_\_\_\_

Truck Model Year: \_\_\_\_\_ Truck Color: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you employed as a First Responder? \_\_\_yes \_\_\_ no

If yes, who is your employer? \_\_\_\_\_

If yes, what is your position? \_\_\_\_\_

**To complete the application process, please email a picture of you, your truck, and a copy of your proof of insurance to [driverinfo@gysh.biz](mailto:driverinfo@gysh.biz).**

**I acknowledge that I have read, understand and agree to comply with the GYSH Terms of Use document. Prior to my GYSH Driver Application being accepted, GYSH management may run a thorough background check, including driving record and criminal history review, to ensure the safety of GYSH customers and other GYSH partners. Further, I understand that my eligibility as a driver for GYSH is determined and approved by management's sole discretion.**

\_\_\_\_\_  
signature

\_\_\_\_\_  
print name

\_\_\_\_\_  
date