

CLAIM FORM AND RELEASE OF CLAIMS

I hereby request a monetary payment from this Settlement.

I understand that I previously consented to join this lawsuit and that this Settlement releases all claims I may have under the Fair Labor Standards Act relating to non-compensation for time in the sleeper berth while participating as a contract driver in the CRST Expedited, Inc. Driver Training Program.

I understand that I previously designated Class Counsel (as identified in Section 9 of the Notice) as my attorneys for all purposes in connection with this case, including the Settlement.

Date: _____
Signature

Printed Name: _____

Note: This Lower Portion Will Not Be Filed with the Court

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Please contact the Settlement Administrator at CRSTSettlement@atticusadmin.com or 1-800-214-9556 if your contact information changes.