

BLESSED LIMOUSINE INC

DOT #2822783
15 S Grady Way
Renton, WA 98057
TEL. 206-579-5911

Date: 17 February 2020

Scott Hernandez, Regional Field Administrator

TO WHOM IT MAY CONCERN:

RE: Request for change in Safety Rating based on corrective action IAW Part 385.17.

I, Clussie Bagby, and my employees at Blessed Limousine Inc., are committed to do our part to ensure the safety of all who use our public streets and have been operating since 2009. As of the date of this letter, we have had no DOT-recordable crashes in the most-recent 24-month period.

When we had a CR, in October last year, I knew there might be some paperwork things that I hadn't gotten exactly right, but I was honestly surprised to realize how many areas there were where the DOT observed not only did I not get it exactly right, but the number and severity of violations were bad enough for the agency to order my buses off the road.

The Critical and Acute violations noted were:

ACUTE violation 383.37 (a)	ACUTE violation 396.9(c)(2)
CRITICAL violation 391.51(b)(2)	CRITICAL violation 395.8(a)(1)
CRITICAL violation 396.17(a)	

And the Vehicle OOS rate of 60%

So we are upgrading our safety management controls in the areas of

Driver Qualifications

Hours of Service, and

Maintenance.

At this time we are not operating motor coaches, but we are working hard to create a good, thorough system of management so that as soon as the FMCSA allows us to start up, we will be doing everything safely and in compliance with all the applicable FMCSRs.

0 Compliance Statement

I, Clussie Bagby, am the president of Blessed Limousine Inc.

For now, it's just me; I could say "The Management Team" but it would sound like I am putting on airs. I am the Operations Manager and Safety manager as well as the Chief Financial Officer.


I am going to do this right. As soon as I get my buses back on the road, I plan to get one other person to help part time in the office. For now, it's just me, saying "I am going to do this very carefully and correctly". And, when I get someone to help out, I will be sure they have the right training and we will work together to keep track of everything from driver qualification to maintenance and everything in between.

Blessed Limousine Inc is committed to do our part to ensure the safety of all those who use our public streets. We pledge to monitor and continuously upgrade our safety management controls to remain compliant with the standards set by the FMCSA.

The person responsible for compliance is myself, Clussie Bagby.

As soon as possible I plan to have one other driver help part time in the office.

I will ensure he has adequate skills at reading and writing and I will take him or send him to a 4-day seminar on DOT Compliance so he will have a fair start and we will check one another's work to be sure nothing is overlooked,



Clussie Bagby 2-17-2020

CLUSSIE BAGBY (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

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TO WHOM IT MAY CONCERN:

RE: Request for change in Safety Rating based on corrective action IAW Part 385.17.

I am Clussie Bagby; I am the owner of Blessed Limo. I have been in business for a number of years, including during the last couple years which I acquired charter buses. I have garnered a lot of experience through reading the FMCSA manual and through audits.

In the past year, I have been through 3 major audits, and have received training. I am in the learning process even as of right now. By no means does this disqualify the fact that I should already have had this information.

I am totally aware that I have been trying to run three different positions. As soon as I have a an SMP that is acceptable, I will bring on two other individuals to help and I will pass on all the training I have received. We will be signing up for added seminars and webinars to ensure we have the necessary level of understanding of the FMCSRs.

Not at all am I not accepting responsibility for not having this information previously. But now I am prepared to run this business in total compliance with the FMCSRs.

When we had a compliance review in October last year, we were, frankly, surprised to realize there was several areas where we really needed to do things very much differently.

When we got the notification we might be put out of service, we tried to understand the SMP process and submitted a set of documents we thought were sufficient, (November 29, 2019). and were surprised and disappointed to receive a refusal letter. (December 27, 2019).

We went back to the drawing board with a second attempt which was more in depth than the first and submitted what we felt was an improved SMP on January 8, 2020.

We have since been notified, by email and telephone conversation, that the second attempt was also insufficient. What we are doing now is, we are improving our SMP to account for each of the various shortcomings pointed out in your letter of 7 February 2020.

There are five critical or acute violations we have been asked to address, as follows:

ACUTE violation 383.37 (a)	ACUTE violation 396.9(c)(2)
CRITICAL violation 391.51(b)(2)	CRITICAL violation 395.8(a)(1)
CRITICAL violation 396.17(a)	
And, Vehicle OOS rate 60%	

In this, first part of the SMP, we will try to answer the important question “What went wrong” Regarding each of these violations.

We will address the **driver qualification** problems first:

The underlying problem here, and I will admit it, is I did not understand the FMCSRs sufficiently. I should have had more education in the FMCSRs. I always meant to get someone to help with the driver files and everything, but it's hard to find people to do this. In addition to the fact I did not understand what was required, I under-estimated the amount of time it would take to do this right.

I am Clussie Bagby; I am the owner, safety manager, the whole management staff.

My wife helps out when she can, and her assistance is very important, but she has a full-time job with her business.

I am responsible for what went wrong; I am struggling to overhaul our safety controls and expect to be operating completely in compliance with the regulations as soon as possible.

As I look back on what has happened, I should have found some training course or studied the rules sufficiently to get it right. Unfortunately, I relied on a little advice here and there and thought I was doing enough. As your investigator pointed out, it was not enough.

I understand we fell short in the area of driver qualification – because I did not understand how to put together a driver qualification file and monitor the driver qualification process.

Regarding ACUTE violation 383.37 (a) - in the compliance review document the example listed is Gary Miller so we will discuss him first.

1 – 383.37(a) Gary Miller driving motor coach with no passenger endorsement.

On 22 September 2019, Gary Miller drove a motor coach when he did not have a valid passenger endorsement.

What went wrong?

There was not a good process in place at the time he was hired, which was in March 2019.

When I hired Gary Miller, I was not aware of the necessary steps that were supposed to be involved in the hiring process. I did the things I knew about, but one of the things I overlooked because I didn't know enough about what was required, is I didn't realize we had to have the passenger endorsements for the motor coach operators. At the time, I had been working closely with the airport authority, and I thought they provided enough guidance, but when we transitioned from cars to motor coaches, I never realized there was so much added safety management requirements.

I had a file with an application and an MVR showing he had a valid class B but I was not fully trained and did not understand that I needed to look for a passenger endorsement.

Document 2 – What went wrong

2 – 383.37(a) Mattie Raiford driving a CMV when there was a problem with her return-to-duty.

When I hired Mattie Raiford in May 2019 (please verify when this happened)

A lot of the comments above, about Gary Miller, will also apply to what happened with Mattie Raeford; I did not have a complete driver qualification process in place when she was hired.

The problem that surfaced was a different one; she had been fired from a previous employer about a year before. The record states she “refused” to take a drug test. The reason I decided to give her a chance is, she explained to me she never intended to refuse or break the rules; she said it was a miss-understanding. But it goes down in the record-book, so to speak, as a “refusal.” So, we gave her a chance; we think she was a good driver and deserved a second chance, and she seemed to understand the Return to Duty process. She had done everything asked of her but there was one final step missing. She had not done the final, Return to Duty drug test.

When she took the initial pre-employment drug test for me, I thought that was just as good, but now I understand that is not the same thing.

I am the owner of this small company; I am the safety manager, and I am responsible for what went wrong regarding Mattie Raiford’s RTD (or lack of a RTD test).

After careful review and study in this area I found out the difference in a back to work drug test (called a return-to-duty test) and a pre-employment drug test very simple Maddie Raeford should have not started working without a back to work drug test.

3 – 383.37(a) Clussie Bagby driving a CMV when suspended.

I’m Clussie Bagby and this was my commercial driver’s license and there was a problem, but I did not know about it until the investigator surfaced the issue during the compliance review. I know, it looks bad because I’m the boss and technically, I was driving with a suspension. There’s no excuse whatsoever for me not having knowledge of my license being suspended. By no means am I evading the fact that it should not have happened.

I received a speeding ticket in Las Vegas in 2014. They gave me a fine for more than \$1300. I made payments of about three quarters of the fine – but then I lost track of the payment schedule and did not receive any notification that there was a remaining total.

At that time, they petitioned for my license to be suspended, but I did not receive notification of the petition, and did not know that my license was in the process of being suspended. The petition started in 2014 but it only went into effect in the fall of 2019. Once it went into effect, they sent the notification to an address that I no longer lived at – I had moved from Fife, WA to Kent, WA and had legally changed my address at the post office, but failed to change the address on my license, and it was not forwarded to my new address.

As soon as I found out during the review that my license was suspended, I immediately worked to figure out how to reinstate it, paid the fine, and the license was reinstated 10 days later.

Document 2 – What went wrong

One of the things that went wrong before was, I had gotten a lot of advice and guidance from some people at the port of Seattle airport, and thought I had the right credentials – but one of the things I had missed was, several years ago when they started requiring the DOT physical to be linked to the MVR.

I miss-understood about the whole INTERstate vs INTRAsate – I thought when I stayed in Washington State that was INTRAsate. . . since then I have learned that we are in INTERstate commerce when we pick up and drop off at the airport.

In trying to do the right thing, I tried to figure out what the definition was and the difference between the two but I did not understand what it was, and came to the conclusion that since our operations were not driving very far that we were INTRAsate – I know now that this is incorrect, and that the determination for that is about the cargo (people from out-of-state) and NOT about how far we are physically driving.

CRITICAL violation 391.51(b)(2 – failing to maintain inquiries into driver’s driving history
in DQ file.

The example is my file. I actually had the MVR – dated Dec 5 2018. (attached). (101 bagby).

As you can see, this Washington State MVR indicated I was NOT suspended at the time. And, this was less than one year old at the time of the Compliance review. But, I did not have a good filing system, and I did not find it to show it to the investigator. And, as you have pointed out, I did not understand the question when I got the letter in the mail asking me to choose, either 1) Exempt INTERstate, 2) Non-Exempt INTERstate, 3) Exempt INTRAsate or 4) Non-Exempt INTRAsate.

As I now understand, I should always have an MVR on file for each CDL driver showing when they turned in the DOT physical to the DMV. And, we have to have the DOT Card on file as well.

Also listed were Mattie Raiford, Melissa Thomas and Gary Miller.

These DQ files were incomplete because I didn’t understand what needed to be done or how to do it, and if I had some of the required documents, they weren’t properly organized.

Now, as I look at my MVR from 2018, I realize I had selected INTRAsate; this was something I did not understand at the time. I do a lot of work right there at the Seattle Airport so I don’t really leave the state, but now I understand that is INTERstate commerce.

We will address the Hour of Service problems second:

Critical violation 395.8(a)(1) Failing to require drivers to prepare records of duty status
in the proper method.

I did not have proper hours of service documents. We had been keeping track of start time and end time, but I understand now this does not meet the requirements for 100-air-mile drivers.

The root cause of this violation, like all the driver qualification issues, was that I did not have an adequate understanding of what is required.

There is one reason I thought I had a good system; we did have an audit from the state of Washington and they specifically said the way we were doing RODs was OK – we had start and end time for each day. Your investigator pointed out we are required to have start, stop and total hours recorded for each day.

I had knowledge of what the hours of service regulations are, and what needed to be done; there were timecards that did not have a total time completed for those particular cards. Having incomplete hours of service documentation was not so much a lack of understanding, but a lack of internal auditing – a system I now know because of the DOT audit should be in place to be able to catch these problems, see what's going wrong, and do some training for the drivers moving forward to stop having those types of violations in the future.

By no means, am I not taking responsibility for not having complete Hours of Service documentation from the start. With the knowledge of what's required and a system for monitoring completeness, I can move forward in compliance with the regulations.

Regarding the Maintenance violations:

First, **critical violation 396.17(a) Using a CMV without a current**, valid, annual DOT inspection:

Our vehicle with license plate ending 6944 did not have a valid annual DOT inspection and was operated September 24, 2019. This is our motor coach #181. Vehicle 181 last had a DOT Annual Inspection in summer of 2018. The vehicle was being maintained regularly, and there is no excuse whatsoever that it did not have an up to date DOT inspection. This unit was actually out of service as it had gear box issues. Everything in the rear, axles, gears and rear end had to be replaced.

Vehicles sit for a long time. By no means do I want to make any excuses. All vehicles will not only be maintained but will have current DOT inspections.

ACUTE violation 396.9(c)(2) operation of a CMV when it was declared out of service.

License ending 483S – this is our motor coach 777.

This bus was placed out of service at a roadside inspection and we had it towed to our yard. We did the mechanical repairs at our location, then I had one of my drivers take it to the tire shop to have tires replaced. We had made the other repairs but didn't realize it was forbidden to drive it that last bit to get the tires done.

The root cause of both these mistakes is the same – I did not have adequate knowledge of what needed to be done, how to do it, or how important it was to NOT let the driver go even a short distance before all OOS violations were remedied.

Finally, we will address the **elevated out of service percentage:**

We have had too many out of service violations in the most-recent 24-month period.

393.62(a) No or Defective bus emergency exits	3 times
393.205(c) Wheel fasteners lose	1 time
393.51 No or defective brake warning device	1 time
393.75(a)(1) Tire-ply or belt material exposed	1 time
393.75C Tire-other tread depth less than 1/32 of inch	1 time
393.83(d) Improper exhaust-bus (diesel)	1 time
393.9(a) Inoperative Brake Lamps	1 time

The most-common violation was the emergency exits.

In the area of out of service I had no experience in any of this. This is not an excuse to say I was not wrong for not knowing it but I had no idea how to open or close the emergency exits.


By no means am I making excuses, but I am letting it be known that there was a bit of ignorance going on; it has not only been addressed but I'm much wiser now.

OVERALL STATEMENT:

In addition to the specific remarks above, regarding each of the violations; the root cause of most of the things that went wrong was that I did not have enough knowledge of the regulations.

Also, I did not have a good understanding of how much time is needed to take care of all these things and to be sure we follow the regulations and operate passenger coaches safely according to the FMCSRs.

The overall cause of all that has occurred is a lack of knowledge and understanding of what needed to be done. We did have several visits from the State of Washington DOT, and it seemed as if we had made some improvements, and before we could really see the turnaround in SMS scores and everything, the FMCSA was here. I think if I had had a few months in between audits, I could have made more improvements



Clussie Bagby 2-17-2020

CLUSSIE BAGBY (PRESIDENT)

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TO WHOM IT MAY CONCERN:

RE: Request for change in Safety Rating based on corrective action IAW Part 385.17.

I, Clussie Bagby, am the owner, president, operations mgr and safety manager for Blessed Limousine Inc.

I am planning to do everything according to the FMCSRs.

At this time, we are out of service; I am putting together a very thorough system of safety management controls meant to prevent any of the problems I have had before, which have led to the situation I am in now.

When I can restart my business, initially I will have two drivers; myself and Deryl Roberts. And the first two buses I will put on the road are ready to go now, with a current annual inspection.

On October 31, 2019, a Compliance Review was completed and there were five critical or acute violations we have been asked to address, as follows:

ACUTE violation 383.37 (a)	ACUTE violation 396.9(c)(2)
CRITICAL violation 391.51(b)(2)	CRITICAL violation 395.8(a)(1)
CRITICAL violation 396.17(a)	
And Vehicle OOS rate 60%	

We are going to address the problems and the solutions by separating these into three areas:

I – Driver Qualifications

- ACUTE violation 383.37 (a) and
- CRITICAL violation 391.51(b)(2)

II – Hours of Service

- CRITICAL violation 395.8(a)(1)

III – Maintenance

- ACUTE violation 396.9(c)(2),
 - CRITICAL violation 396.17(a), and
- Out of Service %age.

1 – Driver Qualifications:

49 CFR §383.37(a) – Knowingly allowing, requiring, permitting, or authorizing an employee who does not have a current Commercial Learner’s Permit or Commercial Driver’s License with the proper class or endorsements, or who operates a commercial motor vehicle in violation of any restriction on the Commercial Learner’s Permit or Commercial Driver’s License to operate a commercial motor vehicle (Acute).

One of the things we are going to do in order to prevent this from happening in future is, we are going to start fresh with a new driver qualification packet.

Right now, we are out of service, so it’s hard to keep a group of drivers that are willing and able to jump into CMVs and take off. But I do have one, his name is Deryl Roberts

So we will have a good DQ packet for me and one for Deryl and when we hire more drivers we will do everything for them the same as we are doing for these two.

[sample driver qualification packet is attached]

[list of drivers is attached – only two drivers]

First, we will make sure we have good applications – DOT Compliance Help, Inc. has provided a good driver qualification packet – we are going to use these forms – Then, we are going to be very careful – we will check and double-check to be sure they are filled out right.

Next, we will be sure we get the MVRs from each state they lived in. And, verification of previous employment from any previous employers where they drove a DOT-regulated vehicle.

And we will review the MVRs carefully to be sure we do not overlook anything. Like if the DOT card is not filed with the state department of motor vehicles, for example. Or, if the driver does not have the proper passenger endorsement.

Second, we will think through what went wrong before, and double-check to be sure we are not making any of these mistakes in future –

- (1) good MVR with DOT physical expiration date included.
- (2) we will be very careful and study the applications and the MVRs; if a person has lived in more than one state in the most-recent 3 year period we will run MVRs in each of those states.

One of the things I am concerned about is, a driver could have his license or CDL suspended after we did the annual review and we would not know about it right away. We are planning on doing the annual review two times per year and running the MVRs each 90 days, and study them very carefully to be sure we don’t overlook something like DOT physicals or required endorsements.

Before a driver's DOT Physical expires, we will make sure they go for a new DOT physical, and when they come back with a good physical, we will make sure they go to the DMV. After they get back from the DMV we will wait 10 days and pull a new MVR to be sure it is registered. From now on, each time we put a CDL driver on, we will be sure we have the DOT Card AND an MVR that shows when the DOT Card expires.

Who will be responsible for this area of compliance?

- This is a small business, and I want to grow to the point I will have 8 or 10 CMVs on the road, or even more. Right now, I only have 2 buses I want to get back in service as soon as I am able. For the foreseeable future, I am the only member of management concerned with DQ files but I hope to have a second person helping in this area in the future. I will still be the person responsible for this and all areas of compliance.

As evidence, we are including two complete DQ files (1) Bagby, and (2) Roberts.

As evidence of implementation of new systems, we will submit a copy of our new DQ policy.

One of the reasons we had trouble before is, I didn't really know how to do all these things correctly. One of the things I am going to do differently is, I am going to a 4-day seminar on DOT regulations – this seminar should help me to understand all the things that must be done to successfully manage all seven BASIC areas.

As evidence, we are including document from the training provider showing I am enrolled in the 4-day class dated 25-28 February, 2020.

49 CFR Part 391

Driver Qualification File and Documents –

49 CFR §391.51(b)(2) – Failing to maintain inquiries into driver's driving record in driver's qualification file (Critical).

In future, we will always check the MVRs for any driver we hire, to include making sure they are fully qualified, including DOT Card, expiration date of DOT Card listed in MVR, correct endorsements, no suspended licenses, etc.

I understand sometimes if you run an annual review in, say, February you could kind of get in trouble because a driver might get suspended in June. Instead of thinking that MIGHT happen for 12 months, our new process will include performing an annual review two times per year.

But first, we are going to be sure we can start on day 01 with two drivers who are legally and physically qualified, and we will have a complete Driver Qualification file for each of them.

As a small business owner, clearly, I am responsible for everything that happens. Initially, I am going to be doing this work. As soon as I get a few more buses on the road, I will try to find someone who can drive part-time and help me in the office part time. Both myself and the new assistant will attend the 4-day seminar, in order to help him/her get started with an understanding of what is needed.

Regarding driver qualification system problems and remedies:

Initially, we are putting together complete DQ packets for myself (Clussie Bagby) and driver Deryl Roberts.

I have an outside company helping to be sure they are done right.

A big part of the reason this was never done completely right is, I was trying to do it myself and I didn't really understand the process as well as I should.

The real solution is this:

- (1) With some expert help, I am going to put together two complete DQ files and going forward these will be used as examples when we add another driver.
- (2) I will have at least one other person helping me get all the steps right in the driver qualification process
- (3) Myself AND the person who will be helping me with this will both get some training – we are scheduled to attend a 4-day seminar on DOT safety regulations later this month.

At least two times per year, we will do a three-part annual review.

2 – Driver's HOS and RODs:

49 CFR §395.8(a)(1) – Failing to require a driver to prepare a record of duty status using the appropriate method (Critical).

Moving forward, we will look at our schedule of charter services, select the drivers for each charter, and if the driver hasn't been driving continuously, have them complete a 7-day sheet.

For each day a driver is dispatched, I will check to be sure I have either a daily drivers log (when required) or the information needed under the 100-air-mile radius exemption.

Some drivers will be people who are working at other jobs, including some CMV operators. If a person drives our CMV after being elsewhere for 7 days or more, we will have them complete a 7-day sheet – OR provide copies of their RODs from the other job - so we can check to be sure they do not exceed the HOS limits. Or, we might use a weekly form we have; but the necessary information will be captured and verified.

As with each area of safety management compliance, I, Clussie Bagby, am responsible. My intention is to get a good system established so I can grow the business and continue to do it according to the regulations.

It is a bit of a challenge to find words to explain how we will have a detailed and elaborate system to check RODs for falsification at first, because there will only be one or two drivers; I know where people are all the time and when they turn in their paperwork at the end of the day there is no reason for them to falsify anything, and if they did I would know it immediately.

When we succeed at growing this business to the point I am not able to personally monitor each and every movement continuously, we will start using separate fuel accounts for each driver so we can check fuel purchase time against RODs.

Also, we are probably going to have a Charter Order Sheet at some point; when a customer is dropped off, a member of the group or the group leader will be asked to sign the bottom of the charter order. The charter order document will have the drivers start time and end time and we can check that against the drivers RODs to be sure they match.

And, I was able to learn some things during an HOS online webinar on February 13 (certificate attached)

As with each area, I am responsible to be sure this happens.

I, Clussie Bagby, owner and President of Blessed Limousine, Inc. will ensure all CMV operators comply with the HOS limitations found in part 395 of the FMCSR, and submit RODs which meet the requirements found in 395.8.

Attached is a copy of our December charter calendar, and RODs for the two drivers who are going to be operating our motor coaches when we are able to resume operations.

3 – Maintenance and maintenance record keeping:

49 CFR §396.9(c)(2) – Requiring or permitting the operation of a motor vehicle declared “out-of-service” before repairs were made (Acute).

The specific violation the DOT investigator wrote us up for was an anomaly and we just won't let anything like it happen again. We know if a motor coach is placed out of service no one is going to drive it or authorize someone to drive it. We had that motor coach towed in to our place and the repairs were made, and we were thinking the tires were sort of a separate thing, and let someone drive it to the tire shop – but now we realize we should have had the tire contractor come to our place of business to replace the tires that needed to be replaced.

In the future, if a tire is in violation, whether the driver points it out or if it shows up on a roadside inspection, we will take the motor coach to the tire contractor and have the situation corrected as soon as possible, - OR the tire contractor might come to our location – but in no case will we re-dispatch the bus before the repairs are made.

In the event the tire – or any component – is ever found to be a serious safety violation (as noted by our driver) or an Out of Service violation (as noted by a roadside inspector) we will be VERY careful to avoid any miss-understandings; OUT OF SERVICE Means OUT OF SERVICE.

We will include this in our driver training, and we will provide training to new drivers regarding this, our periodic inspections and making sure we never operate a CMV that has an expired annual inspection.

WE are starting small, with two buses on the road. Both buses start with a new annual inspection. We plan to bring each one to our mechanic each 90 days for a scheduled inspection. WE are still working on the details of what will be done at each 90-day interval, but we have a starting checklist.

I have now not only made a system to check emergency exits but I also have changed all the clips on every bus to ensure emergency exits are working properly, Some clips did need to be changed they just needed to be oiled but whatever it was it's been addressed.

Most of all I have the experience of walking thru the bus and checking every emergency exit from the windows to the ceiling.

One of the things I am doing now is, I have ordered a copy of the CVSA Out of Service guide. As soon as I get that, I am going to start studying it to be sure I understand which violations are more serious and therefore have been determined to be OOS violations.

We are looking forward to starting fresh with two motor coaches, each of which have had an annual inspection very recently, and as soon as business volume calls for it, we have a 3rd motor coach we will put into service.

One of the things I am going to do differently is, I am going to study the CVSA Out of Service guide very carefully. I understand now, there are roadside inspections and violations and then there are OOS violations that should be treated much more seriously

As evidence all OOS conditions have been addressed, we are including new annual inspections for each of these buses.

In future, we will always keep a copy of every roadside inspections with proof of all repairs.

There have been no additional roadside inspections since the compliance review.

**Annual Inspections -
49 CFR §396.17(a) – Using a commercial motor vehicle not periodically inspected (Critical).**

We are starting fresh, as soon as the FMCSA allows it, with two CMVs.

These two motor coaches have had fresh annual DOT inspections.

Our drivers will receive training on pre-trip inspections, and one of the things they will be instructed to check is, when did the bus last have an annual inspection.

If it is due within 30 days they will make a note of it on their DVIR.

We are going to have a sticker inside the windshield to remind the driver when the bus needs to come in for a 90 day inspection. If it is within one week, they will note that on the DVIR.

I, Clussie Bagby, am responsible for this area of compliance.

Attachments include the list of CMVs (only two buses right now) and the annual inspections for each bus, as well as our DRAFT maintenance policy.

Out-of-Service Rate - Vehicle Out-of-Service Rate (OOS Rate) 34% or higher

We had a few violations – especially the emergency exit thing – that were out-of-service in nature and I thought I understood how to deal with this, but in retrospect I just didn't understand how serious it is when you have an OOS violation.

First, every driver will receive some training on pre-trip inspections, and we will emphasize the importance of safety-related problems and out of service violations.

Second, we will monitor driver's DVIRs to be sure if there is something indicated on the DVIR that is the sort of thing that would make a CMV unsafe to operate, we have a very robust approach to making needed repairs before the CMV can be dispatched.

Third, I have just ordered a copy of the CVSA Out of Service guide. Any time there is a roadside inspection with an out of service violation I will make sure I have the driver show me exactly what the inspector pointed out, and I will study the violation description in the OOS guide to be sure I understand the nature of the OOS violation.

Either myself or one of my drivers will check carefully to be sure the other vehicles don't have the same violation.

I am starting with only two buses, but I am planning ahead. I plan to have numerous buses on the road and if we ever have an OOS violation there will be more buses to check to be sure we don't have more than one with the same violation.

Included as evidence is a list of equipment, (only two buses) our maintenance schedule, the new maintenance policy, and our new DVIR.

This is a small business, and I want to grow to the point I will have 8 or 10 CMVs on the road, or even more. Right now, I only have 2 buses I want to get back in service as soon as I am able.

I will still be the person responsible for every area of compliance, including maintenance. Gary Miller seems to be a valuable asset and I think he will be my main right-hand person in the maintenance area that I can count on to help make sure things are done properly, but I am still responsible.

[There was a driver named Gary Miller; this is a different person.]

OVERALL IMPROVEMENTS TO SAFETY MANAGEMENT CONTROLS:

As I read back through these documents, each time I am forced to come face to face with the root cause of each violations that led to the UNSATisfactory safety rating, it's all about my lack of knowledge and understanding of the FMCSRs. I should have found a way to understand them better.

I am going to attend some training February 25 – 28 – this will cover a broad range of safety-related topics, with a focus on DOT/FMCSA Compliance. This will help, as there were things I did not understand before. Also, I have attended 4 brief familiarization webinars on February 17 and 18, on HOS, DQ, accident countermeasures and roadside inspections.

The overall cause of all that has occurred is a lack of knowledge and understanding of what needed to be done. We did have several visits from the State of Washington DOT, and it seemed as if we had made some improvements, and before we could really see the turnaround in SMS scores and everything, the FMCSA was here. I think if I had had a few months in between audits, I could have made more improvements.

Now, while we are in a stand-down posture, I have an opportunity to change and organize all that has been given to me. I AM LOOKING forward to starting fresh with two buses and two drivers, myself as one of them, and a good, new system to manage Commercial Vehicle Safety.

I am looking forward to the seminar as I think it will help me to have a better overall understanding of what is required. I think the training will help.

CLUSSIE BAGBY (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

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As I read back through these documents, each time I am forced to come face to face with the root cause of each violations that led to the UNSATisfactory safety rating, it's all about my lack of knowledge and understanding of the FMCSRs. I should have found a way to understand them better.

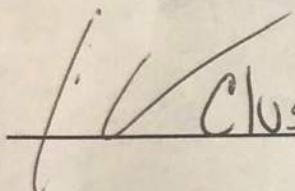
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 Clussie Bagby 2-19-2020

CLUSSIE BAGBY (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

Driver qualification:

- 10 DQ policy
- 11 – Driver list (two drivers)
- 12 - Sample DQ packet
- 13 - DQ packet for Bagby
- 14 - DQ packet for Roberts
- 15 – certificate from abbreviated DQ webinar

HOS and RODs:

- 20 – HOS policy
- 21 - December 2019 calendar
- Applicable RODs for
 - 22 - Bagby and
 - 23 - Roberts
- 24 - Certificate from one-hour HOS training webinar
 - 24b – front page of HOS webinar training material
- 25 - Sample 7-day sheet
- 26 – sample weekly time sheet

MAINTENANCE:

- 30 - Maintenance policy
- 31 - Equipment list (two buses)
- 32 a and b - Annual inspection for each bus
 - 32 g Credentials of both mechanics
 - (We need Roman Ruiz and Steve At)
 - (we have Gary Miller and At)
- 33a Maint folder item 1 and 2 both buses
- 33b proposed sample Maint folder part 3 both buses

33c sample 5000-mile (90 day) inspection

33d sample 1000-mile (6 month) inspection

34 - Rct for CVSA OOS guide

35 – sample DVIRs from December 2019

36 - New DVIR form

37 A and 34 B Pictures of stickers inside the windows (missing)

And pictures of outside of buses showing proper markings and bumper numbers

38 181 and 38 9785 bus quarterly emergency exit inspection

OVERALL:

40 - Reservation for 4-day seminar

41 - Certificate from abbreviated roadside inspection webinar

41b Front page of training material

42 - Certificate from abbreviated accident prevention webinar

42b Front page of training material

TRAINING CERTIFICATE

CLUSSIE BAGBY

has completed a course on the topic of:

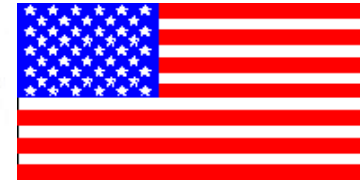
**DOT COMPLIANCE
ROADSIDE INSPECTIONS**

**LOOKING AT THE BASICS
THROUGH THE LENS OF A ROADSIDE INSPECTION**

FEBRUARY 18TH, 2020

Training provided by DOT Compliance Help, Inc.™
(847) 836-6063, www.dotcompliancehelp.com

One Hour Discussion of



Roadside Inspections

– how to improve your chances for success



Updated 18 February 2020

DOT Compliance Help, Inc.™ ph. 847 836 6063

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TRAINING CERTIFICATE

CLUSSIE BAGBY

Has completed a course on the topic of:

DOT COMPLIANCE

**ACCIDENT PREVENTION & COUNTERMEASURES,
THE DOT ACCIDENT REGISTER, AND DETERMINING DOT
RECORDABLE \NON-RECORDABLE**

February 18th, 2020

Training provided by DOT Compliance Help, Inc. TM
(847) 836-6063, www.dotcompliancehelp.com

TO: All drivers and employees of Blessed Limousine Inc

Date: 17 February, 2020

This policy is in effect until superseded

Effective immediately:

A. Initial Driver Qualification process:

Driver applicant will complete the application; management will study the application for completeness. In addition to the application, we will use the attached checklist to assure no one is dispatched in one of our buses that is not both legally and physically qualified.

- 1 - Completed Driver's Employment Application
Including 10 years job history – most-recent 3 years verified
- 2 - Proof of negative pre-employment drug test
custody form
advise of negative result
- 3 - Enlarged, color copy of CDL and/or operator's license (both sides)
And road test certificate
- 4 - MVR – minimum 3 yrs driving history
Include MVR from each state of residence most-recent 3 years
Verification of previous employment from previous employer.

We will pay careful attention to CDL status, including endorsements, such as passenger endorsement, and also check to be sure the DOT Card is on file with the state.

- 5 - DOT medical qualification card
NRCME verification
- 7-day sheet (may get moved to HOS files)
- 8 – annual record check
Drivers certification
MVR
Motor carrier's certification of driver's qualification

After we have the application completed, which includes permission to check the clearing house and to run a PSP report, we will run the MVR and PSP, check the clearing house, and send the driver for a pre-employment drug test and a DOT physical.

We will also do a road test; if the driver cannot handle a motor coach proficiently we will not go any further, as we have a challenging task working around the airport and sometimes transporting cruise ship passengers and Seattle area traffic, and we don't have time to train inexperienced CMV operators.

When we get the MVRs we will be sure to get an MVR for each state they have lived in. On the MVR, one of the things we will check is to be sure the driver has submitted his DOT Medical Qualification card to the state DMV and that should show on his MVR.

We know from experience, if you do an annual review once or twice per year, it is possible a driver could be suspended, and we would not know right away.

To minimize that, we are going to do the annual review two times per year.

B. Annual review process

Once per year an Annual record check – 3 parts

- a. Driver's certification of violations
- b. Another MVR each year
- c. Carriers certification of driver's qualification

C. Bi-Annual check of DQ packet

- Two times per year we will check each DQ file to be sure it is complete, to include:
- Complete application
- Current valid DOT card with NRCME verification
- Current CDL (or operator's license)
- MVR – check to be sure operator is not suspended or revoked.

D. Monitoring and Remediation

If you get a ticket or a roadside inspection, you must notify me right away

When we learn of a violation, we will check the MVR to see if there is a possibility the violation could lead to a suspension.

It is in your best interest, and that of the company, to always do your best to comply with all state and local rules, for some obvious reasons and some that might not be quite as obvious to you. This means be careful to NOT do things that could lead to moving violations.

Also, we are going to be running MVRs two times per year, and checking carefully for suspensions. Alternatively, we might sign up with one of those monitoring companies that will let us know if there is anything added to your MVR.

E. Regular updates

This is a DRAFT policy; we expect to review this annually to determine what, if any changes should be made to ensure we have an effective system to prevent a repeat of violations that have embarrassed us in the past, including not having a DOT Card on file and a driver without a passenger endorsement.

Note to drivers and everyone:

We had a little trouble with the DOT last year, because we weren't doing all of this right. We have new procedures, and sometimes you may feel as if you are being accused of doing something wrong and we are trying to prove it's not that way – I want you to understand, we just want to make sure we do not make the mistakes we have made before, and I want everyone to help – it might seem we are checking things 2 or 3 times and sometimes we are going to ask you to do something you feel as if you have done before, but please be patient.

One of the things we must be VERY careful of, is to make sure we have the right endorsements and everything, so we will be performing annual reviews two times per year.

And, each time you have to go for a DOT physical we are going to run an MVR to make sure that information is entered in the state Driver's License Agency's computer and we have proof of it here.

Any time you get a ticket, driving a CMV or your own automobile, you have to let me know about it. We want to be careful we don't have a driver who gets suspended.

For new drivers, we are going to be very careful to get proof of previous employment from previous employers – this means we need a good point of contact and we are going to keep trying until we get responses from them, or we will make three attempts and if a previous employer is not cooperating we will report them to the DOT.

We appreciate your cooperation – we are all going to work together to make sure we do everything right, to comply with the FMCSRs and more importantly, to prevent accidents and fatalities on the nation's streets and highways.

This is a DRAFT policy, so if you see a way we might do something better, bring it up. If you think there is a better way to do something, you can be part of the solution.


Clussie Bagby 2-17-2020
Clussie Bagby, (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

Blessed Limousine Driver List

Driver First Name	Driver Last Name	Date of Birth (MM/DD/YYYY)	License #	License State	CDL exp date	Phone Number	Hire Date	DOT Card exp.	Term Date
Clussie	Bagby	8/27/1960	[REDACTED]	WA	27-Aug-21	(206) 579-5911	6/1/2004	4/12/2020	NA
Deryl	Roberts	5/19/1965	[REDACTED]	WA	19-May-22	206 261 4647	4/20/2019	8/12/2021	NA

CONTENTS

INDEX

Driver Employment Application	_____	1
Applicant Information	_____	
Driver's License Information	_____	
Driving Experience	_____	
Tickets / Accidents / Convictions / Forfeitures	_____	
Previous Employment Record 10 years required (Driving and Non-)	_____	2a-2b
Application Certification and Driver Investigation Release	_____	3
Fair Credit Reporting Act Disclosures Statement	_____	4
Alcohol & Controlled Substance Consent / Release	_____	5
Certification of Compliance Statement	_____	6
3- Year Previous Employment Verification	_____	A1-A2
FMCSA Drug & Alcohol Clearinghouse Limited Query Consent	_____	B1
7-Day History of Hours of Service Record	_____	C1
Road Test & Certificate	_____	D1
Annual Review of Driving Record To Be Used After Hire	_____	E1

DRIVER QUALIFICATION FILE CHECKLIST

REQUIRED DOCUMENTS

	DATE ENTERED	<input checked="" type="checkbox"/>
Driver Employment Application, dated and signed.....	_____	<input type="checkbox"/>
Copy of CDL/License	_____	<input type="checkbox"/>
3-years Verified Driving History (if applic.) & 10-years Employment History.....	_____	<input type="checkbox"/>
Copy of Medical Card (Current & Most Recent Expired).....	_____	<input type="checkbox"/>
Original MVR (3-year Motor Vehicle Record History).....	_____	<input type="checkbox"/>
7-day Sheet.....	_____	<input type="checkbox"/>
FMCSA Drug & Alcohol Clearinghouse Limited Query Consent.....	_____	<input type="checkbox"/>
Pre-Employment Drug Test Notification of Negative Result (CDL only).....	_____	<input type="checkbox"/>
Returned Custody & Control Form.....	_____	<input type="checkbox"/>
Returned Proof of Negative Result.....	_____	<input type="checkbox"/>
Signed Receipt of Drug & Alcohol Policy (and / or proof of training) (CDL Only).....	_____	<input type="checkbox"/>
Road Test Certificate (Required for NON-CDL drivers, Recommended for CDL).....	_____	<input type="checkbox"/>
Entry Level Driver Training Certificate (Required for drivers with less 1 year experience).....	_____	<input type="checkbox"/>
PSP Driver Permission Form (if applicable)	_____	<input type="checkbox"/>
PSP Driver Background Report.....	_____	<input type="checkbox"/>

Custom solution developed by



DOT
Compliance
Help, Inc.

DRIVER EMPLOYMENT APPLICATION

Name (first, middle, last)		Hire Date (office use only)	
You must list all previous addresses for 3 years	Address (street, city, state, zip code)		
	Address (street, city, state, zip code)		
Phone Number	Date of Birth	Social Security Number	

*****Are you legally authorized to work in the U.S.? Yes No

Emergency Contact Name	Relation
Address	Phone Number

DRIVER LICENSE INFORMATION

Driver License Number	State	Type	Expiration Date
-----------------------	-------	------	-----------------

DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles

REQUIRED QUESTIONS

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
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?	Yes	No
Have you ever been convicted of any serious crime? (Include any plea of "Guilty" or "No Contest" except for minor traffic violation)	Yes	No

If you answered yes to any of the above 4 questions, you must attach a statement of explanation.

TICKETS / ACCIDENTS/ ETC. *write N/A if there is nothing to report

Accident Record for Past 3 Years

Date	Description	# of Injuries / Fatalities
Date	Description	# of Injuries / Fatalities

Traffic Convictions & Forfeitures for Past 3 Years

Date	Location	Charge	Penalty
Date	Location	Charge	Penalty



EMPLOYMENT RECORD Applicant must include 10 years of any/all employment.
Begin with your most recent employer and work back until 10 years are included.

Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No

DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)

If you were driving a CMV, you must provide complete employment history for the past 10 years.

Any gaps in employment longer than 1 month are explained as follows:

Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No



Employment History Continued

Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
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If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:			
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No

For additional blocks needed, please make a copy of this form

Page 2b



TO BE READ AND SIGNED BY APPLICANT

I authorize you, BLESSED LIMOUSINE INC., to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as well as the FMCSRs.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

Print Name

Employer Witness Print Name

Witness Signature

Date



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

By this document, [BLESSED LIMOUSINE INC.] discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	Witness Title



ALCOHOL & CONTROLLED SUBSTANCE CONSENT AND RELEASE – applicant MUST answer:

Have you ever refused to be tested for drugs or alcohol?	Yes	No
Have you ever tested positive for drugs or alcohol?	Yes	No
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	Yes	No

*If applicant answered 'Yes' to any of the above questions, attach a statement of explanation AND provide proof of the Return to Duty Process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all CDL drivers must submit to alcohol and controlled substance testing as a condition of employment. Non-CDL drivers may also be subject to testing per company policies. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Applicants for positions that require driving a commercial motor vehicle (CMV) requiring a CDL at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment.

BLESSED LIMOUSINE INC.'s policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA) they will NOT be considered eligible for any job which includes operation of a CMV (Greater than 10,000 GVWR) unless they have completed the return to duty process.

CDL drivers will be subject to random and reasonable suspicion drug testing each day they report for work.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident
- Follow Up (see company policy)
- Return-to-duty (see company policy)

I certify that I have read, understand, and agree to abide by the condition of this consent and release form. Failure to answer these questions and sign will prevent this employer from using you as a CMV driver.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	Title



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS – PART 383

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver License Number	State	Expiration Date
Driver Signature	Date	



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1 To be Completed by Prospective Employee (APPLICANT)

I, (first, middle, last)	Social Security Number	Date of Birth
--------------------------	------------------------	---------------

Hereby Authorize (My Previous Employer):

Address (Street)	Phone
------------------	-------

Address (City, State, Zip)	Fax
----------------------------	-----

To release and forward the information requested by sections 2 & 3 of this document including my Alcohol and Controlled Substance Testing records within the previous 3 years from : (M/Y of employment dates) _____ to _____

To My Prospective Employer BLESSED LIMOUSINE INC.	Phone: 206-579-5911	Fax:
---	---------------------	------

Attn: Safety Manager	Address 15 S GRADY WAY, STE. 634, RENTON, WA 98057
----------------------	--

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.

Applicant Signature	Date
----------------------------	-------------

Section 2 To be Sent to and Completed by the Previous Employer listed above

The applicant named above was employed by us	Yes	No
--	-----	----

From M/Y	To M/Y
----------	--------

Did he/she drive a motor vehicle for you?	Yes	No
--	-----	----

If yes, what type?	Straight Truck <input type="checkbox"/>	Tractor Trailer <input type="checkbox"/>	Other _____
---------------------------	---	--	-------------

Reason for leaving your employ	Discharged <input type="checkbox"/>	Resignation <input type="checkbox"/>	Lay Off <input type="checkbox"/>	Military Duty <input type="checkbox"/>
---------------------------------------	-------------------------------------	--------------------------------------	----------------------------------	--

Accident History:
Complete the following for any accidents included on your accident register (§390.15(b)) involving the applicant from the 3 years prior to the date signed above, or, if there is no accident register data for this driver, check here:

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies (per fmcsr 391.23)

Signature	Title	Date
------------------	-------	------



SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED

Section 3 To be Completed by **Previous Employer**

If the applicant was NOT subject to DOT testing requirements while employed by you please check here fill in the dates of employment, complete the bottom of Section 3 sign, and return. M/Y _____ to M/Y _____

Has this person had an alcohol test with a result of 0.04 or higher?	Yes	No
--	-----	----

Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	No
--	-----	----

Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	No
--	-----	----

Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	No
---	-----	----

If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No	N/A
--	-----	----	-----

For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No	N/A
---	-----	----	-----

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Previous Employer Representative Name (Print)	Previous Employer Company
--	----------------------------------

Phone

Address (Street, City, State, Zip)

Signature	Date
------------------	-------------

Section 4 To be Completed by **Prospective Employer**

1.This form was	Faxed	Mailed	Other
-----------------	-------	--------	-------

By (sign)	On (Date)
-----------	-----------

2.This form was	Faxed	Mailed	Other
-----------------	-------	--------	-------

By (sign)	On (Date)
-----------	-----------

3.This form was	Faxed	Mailed	Other
-----------------	-------	--------	-------

By (sign)	On (Date)
-----------	-----------

Information was received: On: (Date) _____	By Fax	By Mail	By Other
---	--------	---------	----------



General Consent for Limited Queries

of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, (driver name) _____ , hereby provide consent to
(employer name) BLESSED LIMOUSINE INC.
to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse
(Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

This shall include consent of initial inquiry, as well as annual queries (if applicable) required by FMCSA
for the duration of my employment.

I understand that if a limited query conducted by
(employer name) BLESSED LIMOUSINE INC. indicates that drug or alcohol violation information about me exists in
the
Clearinghouse, FMCSA will not disclose that information to (employer name) BLESSED LIMOUSINE INC. without
first
obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for (employer name) BLESSED LIMOUSINE INC. to conduct
a limited query of the Clearinghouse, (employer name) BLESSED LIMOUSINE INC. must prohibit me from
performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and
alcohol program regulations.

Employee Signature _____ (date) _____



HOURS OF SERVICE RECORD (7 DAY SHEET)

FOR FIRST TIME OR INTERMITTENT DRIVERS

On the first day you drive, you must fill out this form to record all work from the previous week done for direct or indirect compensation.

Name:	Employee ID#:	Location:
-------	---------------	-----------

Date	Total Time on Duty	Time Relieved from duty
(7 days ago)		not applicable
(6 days ago)		not applicable
(5 days ago)		not applicable
(4 days ago)		not applicable
(3 days ago)		not applicable
(2 days ago)		not applicable
(Yesterday)		
(Today's Date)		not applicable

I hereby certify that the information contained hereon is true and to the best of my knowledge and belief, and that my last period of release from duty was:

From (Date)	To (Date)	
Signature	Date	Time

C1



DRIVER HIRING ROAD TEST

PART A – TEST

Drivers Name	Phone Number
Address	City, State Zip

Rating of Performance	
	The pre-trip inspection (as required by Sec. 392.7)
	Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units
	Placing the equipment in operation
	Use of vehicle's controls and emergency equipment
	Operating the vehicle in traffic and while passing other vehicles
	Turning the vehicle
	Braking and slowing the vehicle by means other than braking
	Backing and parking the vehicle

Other: Explain:

Type of Equipment used in giving test

Examiners Signature	Date
---------------------	------

PART B - CERTIFICATION OF ROAD TEST

Driver's Name	Social Security Number
License Number	State
Type of Power Unit	Type of Trailer

If a passenger carrier, type of bus

<p>This is to certify that the above-named driver was given a road test under my supervision on _____ (date) consisting of approximately _____ miles of driving. It is my considered opinion that this driver possessed sufficient driving to operate safety in the type of commercial motor vehicle listed above.</p>	Signature of Examiner
	Title
	Organization and Address of Examiner

D1



ANNUAL REVIEW OF DRIVING RECORD

PART A – CERTIFICATION OF VIOLATIONS

Driver Name _____

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an **annual** records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's license #: _____ State: _____ Exp. Date: _____

Change of Address:

If you have moved in the last 12 months, provide your new address here

Drivers Signature _____ Today's Date _____

PART B – MVR (Attach MVR to form)

PART C – CARRIER'S ANNUAL REVIEW

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2) This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or**
- The driver is disqualified to drive a CMV pursuant to 391.15., or**
- This driver is disqualified to drive a CMV pursuant to company policy**

Carrier's Name BLESSED LIMOUSINE INC.	Carrier's Address 15 S GRADY WAY, STE. 634, RENTON, WA 98057
Reviewed by:	Title _____ Date _____

E1



**One-hour discussion of
Crash prevention,
accident countermeasures, crash
investigation and root cause analysis.**



Accident Reporting

Accident Investigation

- using root cause analysis

Accident Countermeasures

- do something to prevent the next CMV crash.



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Updated 18 February 2020

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From: Clussie Bagby <info@blessedlimo.net>
Sent: Friday, April 3, 2020 2:10 AM
To: James Ware
Subject: Fwd: Blessed Limousine SMP Feb 2020 documents documents 16 to 20
Attachments: 15b DQ training certificate .pdf; 15c cover page training mat.pdf; 13 1 App p 01 .pdf; 13 2 App p 02 .pdf; 13 3 app p 03 .pdf

Sent from my iPhone

Begin forwarded message:

From: Mike England <mike@dotcompliancehelp.com>
Date: February 19, 2020 at 10:21:40 AM PST
To: Clussie Bagby <info@blessedlimo.net>
Cc: mike@dotcompliancehelp.com
Subject: RE: **Blessed Limousine SMP Feb 2020 documents documents 16 to 20**
Reply-To: <mike@dotcompliancehelp.com>

Next group is number 16 to 20

Training certificate and cover page for online webinar – topic driver qualification

Bagby application pages 01, 02, and 03

- Mike



Mike England
DOT Compliance Help, Inc
www.dotcompliancehelp.com
Ph: 847-836-6063
Fax: 480-287-8058

From: Mike England <mike@dotcompliancehelp.com>
Sent: Wednesday, February 19, 2020 12:02 PM
To: 'Clussie Bagby' <info@blessedlimo.net>
Cc: mike@dotcompliancehelp.com
Subject: RE: Blessed Limousine SMP Feb 2020 documents eleven to fifteen

91 d is the cover page of the training materials regarding accident countermeasures
10a is DQ policy less signature page
10b is the signature page for the DQ policy
11 is the driver list
12 is the DQ packet

From: Mike England <mike@dotcompliancehelp.com>
Sent: Wednesday, February 19, 2020 11:58 AM
To: 'Clussie Bagby' <info@blessedlimo.net>
Cc: mike@dotcompliancehelp.com
Subject: RE: Blessed Limousine SMP Feb 2020 documents six to ten

Clussie:
Documents six through ten are as follows

- 03b signature page for document 3 – this is not signed – you can put the good one it, or as soon as I get it I'll shuffle it in the bunch – even if this gets sent without a signature it's not going to be a show-stopper

50 list of attachments
91 b certificate of training regarding roadside inspections
91 c cover page for training materials
91 d certificate of training regarding accident countermeasures

From: Mike England <mike@dotcompliancehelp.com>
Sent: Wednesday, February 19, 2020 11:54 AM
To: 'Clussie Bagby' <info@blessedlimo.net>
Cc: mike@dotcompliancehelp.com
Subject: Blessed Limousine SMP Feb 2020 first five documents

Clussie:

There are three things we are still waiting for, but I am going to start sending documents.

Right now the whole SMP is in one file on my computer; as I start sending everything, five documents at a time, I'll point out the one page that needs to be replaced.

And, almost the very last page is where we want those two documents showing the emergency exit inspections have been done –

We really don't want to miss that, as it was a big deal on the CR

First five documents;

- 01 Overall compliance statement all but signature page
 - Overall compliance statement signature page
 - 02 how it went wrong all but signature
 - How it went wrong signature page
 - 03 how we will fix it all but signature page
-
- Mike

A handwritten signature in black ink that reads "Mike England". The signature is written in a cursive, slightly slanted style.

Mike England
DOT Compliance Help, Inc
www.dotcompliancehelp.com
Ph: 847-836-6063
Fax: 480-287-8058

DRIVER EMPLOYMENT APPLICATION

Name (first, middle, last) Clussie Bagby		Hire Date (office use only) 6-04
--	--	--

You must list all previous addresses for 3 years	Address (street, city, state, zip code) 3932 62nd AVE Ct East Fife WA 98424	
	Address (street, city, state, zip code)	

Phone Number 206 579-5911	Date of Birth 8-27-60	Social Security Number [REDACTED] 1943
-------------------------------------	---------------------------------	--

*****Are you legally authorized to work in the U.S.? Yes No

Emergency Contact Name Genise Bagby	Relation Wife
Address 3932 62nd AVE Ct East Fife	Phone Number 206-679-8291

DRIVER LICENSE INFORMATION

Driver License Number [REDACTED]	State WA	Type CDL B-P	Expiration Date 08-27-2021
--	--------------------	------------------------	--------------------------------------

DRIVER EXPERIENCE

Type of Equipment BUS	From (Date) 6-4	To (Date) Present	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles

REQUIRED QUESTIONS

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	<input checked="" type="radio"/> No
Has any license, permit or privilege ever been suspended or revoked?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?	Yes	<input checked="" type="radio"/> No
Have you ever been convicted of any serious crime? (Include any plea of "Guilty" or "No Contest" except for minor traffic violation)	Yes	<input checked="" type="radio"/> No

If you answered yes to any of the above 4 questions, you must attach a statement of explanation.

TICKETS / ACCIDENTS/ ETC. *write N/A if there is nothing to report

Accident Record for Past 3 Years

Date	Description	# of Injuries / Fatalities
	N A - N A	

Traffic Convictions & Forfeitures for Past 3 Years

Date	Location	Charge	Penalty
	N A	N A	



EMPLOYMENT RECORD Applicant must include 10 years of any/all employment.
Begin with your most recent employer and work back until 10 years are included.

Employer <i>Blessed limousine</i>	From (M/Y) <i>6-04</i>	To (M/Y) <i>1-20</i>	Reason for Leaving <i>Currently Here</i>
Address <i>15 S Grady Way Renton W.A.</i>	Phone <i>206 579-5911</i>		Position <i>Driver</i>
Were you subject to the FMCSRs while employed?			<input checked="" type="radio"/> Yes <input type="radio"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			<input checked="" type="radio"/> Yes <input type="radio"/> No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)			
If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:			
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No



TO BE READ AND SIGNED BY APPLICANT

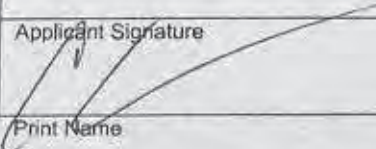

I authorize you, BLESSED LIMOUSINE INC., to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as well as the FMCSRs.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature 	Date CB 1-3-2020 1-3-2020
Print Name Clussie Bagby	
Employer Witness Print Name Genise R. Bagby	
Witness Signature 	Date Jan 3, 2020



TRAINING CERTIFICATE

CLUSSIE BAGBY

has completed a webinar course on the topic of:

DOT COMPLIANCE DRIVER QUALIFICATION

**A FAMILIARIZATION WITH DOT DRIVER QUALIFICATION REQUIREMENTS
AND DOT DRIVER FILES, INCLUDING APPLICATIONS**

February 18th, 2020

Training provided by DOT Compliance Help, Inc.™
(847) 836-6063, www.dotcompliancehelp.com

One-hour discussion of Driver Qualification



Driver Fitness BASIC

– (new term for Driver Qualification process)

It's not about the DQ file. . .

It's about selecting only drivers who are legally and physically qualified.

AND trying not to hire bad drivers. . .



Ahhhh!! - Teamwork!

This is what you need – team players

Material developed by
DOT Compliance Help, Inc.
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BLESSED LIMOUSINE INC- DOT #2822783
15 S GRADY WAY - Suite 634 - RENTON, WA 98057
TEL. 206-579-5911

Date: 6 January 2020

I, Clussie Bagby, am the owner of the small business known as Blessed Limousine.

I have been engaged in this business for more than 10 years.

I understand the FMCSR requires a Driver Job Application.

I have completed the application.

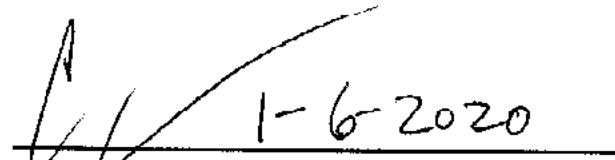
I can verify my job history; I have been here more than 10 years.

There MIGHT be some question; the business has only been recognized by the DOT for a shorter period of time than that; this is the explanation:

- I had a business involving town cars and other vehicles that were regulated by the state of Washington
- I only recently became involved in operating vehicles that were subject to the FMCSRs.

If there is any question regarding this

Verification of previous employment for driver Clussie Bagby, I can be reached at the above number.


1-6-2020

Clussie Bagby, (Driver and business owner)

Clussie Bagby – verification of previous employment

Driver Information Address Information License and ID Details

DLN: [REDACTED]
Last: BAGBY
First: CLUSSIE
Middle:
Suffix: JR
DOB: 08/27/1960
Gender: MALE

Address on file

Enhanced Driver License:
Status: Licensed
Issue: 10/03/2016
Expire: 08/27/2021
Original issue: 07/12/2001

Enhanced CDL Class B:
Status: Licensed
Type: Duplicate
Issue: 11/07/2018
Expire: 08/27/2021
Original issue: 11/18/2016
Self-certification: Non-Excepted Intrastate
Self-certification date: 10/03/2016
Medical certification:
Medical certification date:

Restrictions			Endorsements	
Description	Lic type	Code	Description	Code
No Class A Passenger Vehicle	CDLB	M	Passenger	P
Non-Excepted Intrastate	CDL	K	School Bus	S

Reinstatements

Requirement
No requirements

DLN History

DLN	Start	End
[REDACTED]	11/07/2018	
[REDACTED]	07/12/2001	11/07/2018

Tickets

Description: 9B - Reg Plate Vio Violation date: 11/08/2016 Violation #: 6Z0950590	Finding date: 11/28/2016 Finding: Guilty Court name: Seattle Municipal Court	Statute: 46.16A.030 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No Mental health: No 16 Passenger: No Pass under 16: No Amended ACD: No
Description: 9B - Reg Plate Vio Violation date: 02/06/2016 Violation #: 6Z0275404	Finding date: 03/14/2016 Finding: Guilty Court name: Seattle Municipal Court	Statute: 46.16A.030 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No Mental health: No 16 Passenger: No Pass under 16: No Amended ACD: No

Tickets

Description: B74 - Fail To Show Insurance Certification	Finding date: 01/13/2016	Statute: 46.30.020	CMV: No
Violation date: 06/07/2015	Finding: Guilty	Electronic ticket: No	Hazmat: No
Violation #: 5Z0670131	Court name: King County District Court		Fatality: No
			No test:
			Exempt veh: No
			Mental health: No
			16 Passenger: No
			Pass under 16: No
			Amended ACD: No

Collisions

Accident date	Vehicle Action	Report number	Insured	# of vehicles	# of injured	# of fatalities	Veh class	Jur	CMV	Haz	Fata lity	16+ Pass	Note
05/13/2017	Moving	3773640W		2	0	0			No	No	No	No	

ANNUAL REVIEW OF DRIVING RECORD

PART A - CERTIFICATION OF VIOLATIONS

Driver Name

Clossia Bagby

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
	<i>OLD SUSPENSION WAS DISCOVERED</i>	<i>IN</i>	<i>OCTOBER 2019</i>

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's license #: [REDACTED] State: *WA* Exp. Date: *08-27-2021*

Change of Address: _____
If you have moved in the last 12 months, provide your new address here

Drivers Signature *[Signature]* Today's Date *1-3-2020*

PART B - MVR (Attach MVR to form)

PART C - CARRIER'S ANNUAL REVIEW

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2) This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a CMV pursuant to 391.15., or
- This driver is disqualified to drive a CMV pursuant to company policy

Carrier's Name <i>BLESSED LIMOUSINE INC.</i>	Carrier's Address <i>15 S GRADY WAY, STE. 634, RENTON, WA 98057</i>
Reviewed by: <i>[Signature]</i>	Title <i>Vice President</i> Date <i>1/3/20</i>

E1

Custom solution developed by



DOT
Compliance
Help, Inc.

FILE NUMBER 417371
REPORT TO DOT Compliance Help, Inc (460722)
1220 15th Avenue
Rockford, IL 61104
Phone: 847-836-6063
Fax: 480-287-8058

REPORT DATE 01-03-2020
ORDER DATE 01-03-2020 Kimberly Gurga
REFERENCE CBBLESSEDLIMO
TYPE Driving Record

Application information

APPLICANT BAGBY, CLUSSIE SSN - DOB 08-27-1960
DRIVERS WA - [REDACTED] PHONE NUMBER -
LICENSE
ADDRESS(ES) 15 S GRADY WAY CITY / STATE / ZIP RENTON, WA 98057

Credentials

Driving Record

RESULTS License Found With Records

STATE OF ISSUE Washington SEARCH DATE 01-03-2020 2:23 PM MST
LICENSE NUMBER [REDACTED]

License Number: [REDACTED]
License State: WA
History Length: EMP
Full Name: BAGBY, CLUSSIE
DOB: 1960-08-27
Gender: Male

License Info

Status: VALID
License Type: Personal
Class: D
Class Description: CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
Expiration Date: 2021-08-27
Issue Date: 2019-12-16
Original Issue Date: 2001-07-12
Restriction: NO CLASS A PASSENGER VEHICLE

License Info

Status: VALID
License Type: Commercial
Class: B
Class Description: CLASS B COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER
VEHICLE < 10K LBS.
Expiration Date: 2021-08-27
Issue Date: 2019-12-16
Original Issue Date: 2016-11-18
Endorsement: PASSENGER TRANSPORTATION

Endorsement: SCHOOL BUS

Other License Info

Misc: Duplicate

Medical Certificate

Status: CERTIFIED
Issue Date: 2018-12-04
Expiration Date: 2020-12-04

Examiner

Name: ARLENE DORROUGH
License No: PA10004920
License Jurisdiction: WA
Registration Number: 2485232375
Phone Number: 4252913300
Specialty: PA

Self Certification

Description: NON EXCEPTED INTERSTATE

Messages

DRIVER HISTORY:

DL NUMBER: BAGBYC*403N7

COMMENCE DATE: 7/12/2001

CEASE DATE: 11/7/2018

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 3/5/2019 EXPIRES: 8/27/2021

ISSUE TYPE: DUPLICATE

DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: W [REDACTED]

CLASS B COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE <
10K LBS.

ISSUED: 3/5/2019 EXPIRES: 8/27/2021

ISSUE TYPE: DUPLICATE

DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 11/7/2018 EXPIRES: 8/27/2021

ISSUE TYPE: DUPLICATE

DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS B COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE <

10K LBS.

ISSUED: 11/7/2018 EXPIRES: 8/27/2021

ISSUE TYPE: DUPLICATE

DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 11/18/2016 EXPIRES: 8/27/2021

ISSUE TYPE: ORIGINAL

DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS B COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE <
10K LBS.

ISSUED: 11/18/2016 EXPIRES: 8/27/2021

ISSUE TYPE: ORIGINAL

DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 10/3/2016 EXPIRES: 8/27/2021

ISSUE TYPE: REPLACEMENT

DOCUMENT TYPE: ENHANCED_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 8/16/2016 EXPIRES: 8/27/2021

ISSUE TYPE: DUPLICATE

DOCUMENT TYPE: ENHANCED_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 5/9/2016 EXPIRES: 8/27/2021

ISSUE TYPE: DUPLICATE

DOCUMENT TYPE: ENHANCED_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 10/14/2015 EXPIRES: 8/27/2021

ISSUE TYPE: RENEWAL

DOCUMENT TYPE: ENHANCED_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 4/21/2014 EXPIRES: 8/27/2015

ISSUE TYPE: DUPLICATE

DOCUMENT TYPE: DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 11/26/2012 EXPIRES: 8/27/2015

ISSUE TYPE: DUPLICATE

DOCUMENT TYPE: DRIVER_LICENSE

PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 5/14/2012 EXPIRES: 8/27/2015
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 3/19/2012 EXPIRES: 8/27/2015
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 3/2/2011 EXPIRES: 8/27/2015
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 9/2/2010 EXPIRES: 8/27/2015
ISSUE TYPE: RENEWAL
DOCUMENT TYPE: DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 7/25/2008 EXPIRES: 8/27/2010
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: DRIVER_LICENSE
MEDICAL CERTIFICATION DOWNGRADED: 12/5/2020

VIOLATION

Incident Date: 2018-08-29
Conviction Date: 2018-12-06
State: WA
Docket: 8Z0904027
Court: King County District Court
Description: IMPROPER LANE à?? RESTRICTED LANE
State Code: M49
ACD: M49
COURT FINDING: COMMTD
ELECTRONIC TICKET: TRUE

ACCIDENT

Incident Date: 2017-05-13
State: WA
Docket: 3773640W
Description: *** ACCIDENT ***

INJURIES: 0 FATALITIES: 0 VEHICLES: 2
DESCRIPTION: MOVING

VIOLATION

Incident Date: 2016-11-08
Conviction Date: 2016-11-28
State: WA
Docket: 6Z0950590
Court: Seattle Municipal Court
Description: REG PLATE VIO
State Code: 9B
ACD: D20
COURT FINDING: GUILTY

VIOLATION

Incident Date: 2016-02-06
Conviction Date: 2016-03-14
State: WA
Docket: 6Z0275404
Court: Seattle Municipal Court
Description: REG PLATE VIO
State Code: 9B
ACD: D20
COURT FINDING: GUILTY

OUT OF STATE VIOLATION

Incident Date: 2015-11-25
Conviction Date: 2019-10-14
State: NV
Docket: LVM0079807
Court: Nevada
Description: IMPROPER OR ERRATIC LANE CHANGES
State Code: M42
ACD: M42
COURT FINDING: GUILTY

VIOLATION

Incident Date: 2015-06-07
Conviction Date: 2016-01-13
State: WA
Docket: 5Z0670131
Court: King County District Court
Description: FAIL TO SHOW INSURANCE CERTIFICATION
State Code: B74
ACD: B74
COURT FINDING: GUILTY

ACCIDENT

Incident Date: 2015-05-30
State: WA
Docket: 3642534W
Description: *** ACCIDENT ***
INJURIES: 0 FATALITIES: 0 VEHICLES: 2
DESCRIPTION: MOVING

OUT OF STATE VIOLATION

Incident Date: 2014-11-02
Conviction Date: 2015-03-18
State: OR
Docket: 2062503584
Court: Oregon
Description: DRIVING WHILE LICENSE SUSPENDED
State Code: B26
ACD: B26
COURT FINDING: GUILTY

VIOLATION

Incident Date: 2014-09-30
Conviction Date: 2015-04-02
State: WA
Docket: 12877763
Court: Seattle Municipal Court
Description: REG PLATE VIO
State Code: 9B
ACD: D20
COURT FINDING: GUILTY

SUSPENSION

Description: SUSPENSION 3RD DEGREE
Incident Date: 2018-09-04
Ordered Date: 09/04/2018
Mail Date: 2018-09-04
Start Date: 2018-10-21
Thru Date: 2018-10-22
End Date: 2018-10-22
State: WA
Docket: 0000364147
Description: FAILED TO PAY CHILD SUPPORT
State Code: 46.20.291.8
ACD: D51

SUSPENSION

Description:

SUSPENSION 3RD DEGREE

Incident Date: 2018-08-29
Ordered Date: 08/29/2018
Mail Date: 2018-08-29
Start Date: 2019-01-23
Thru Date: 2019-03-05
End Date: 2019-03-05
State: WA
Docket: 8Z0904027
Description: FAILED TO ANSWER CITATION
State Code: 46.64.025
ACD: D56

SUSPENSION

Description: SUSPENSION 3RD DEGREE
Incident Date: 2017-03-08
Ordered Date: 03/08/2017
Mail Date: 2017-03-08
Start Date: 2019-09-18
Thru Date: 2019-12-11
End Date: 2019-12-11
State: WA
Docket: WR02820
Description: FAILED TO APPEAR FOR TRIAL OR COURT
ACD: D45

SUSPENSION

Description: SUSPENSION 3RD DEGREE
Incident Date: 2016-07-25
Ordered Date: 07/25/2016
Mail Date: 2016-07-25
Start Date: 2016-07-25
Thru Date: 2016-07-25
End Date: 2016-07-25
State: WA
Docket: 0000201637
Description: FAILED TO PAY CHILD SUPPORT
State Code: 46.20.291.8
ACD: D51

SUSPENSION

Description: SUSPENSION 3RD DEGREE
Incident Date: 2016-05-11
Ordered Date: 05/11/2016
Mail Date: 2016-05-11
Start Date: 2016-06-30
Thru Date: 2016-08-11

End Date: 2016-08-11
State: WA
Docket: 14V184711
Description: FAILED TO PAY FINE AND COSTS
State Code: 46.64.025
ACD: D53

WARNING: Confidential Information - To Be Used As Per State And Federal Laws. Misuse May Result In A Criminal Prosecution.

Disclaimer

This report is furnished to you pursuant to the Agreement for Service between the parties and in compliance with the Fair Credit Reporting Act. This report is furnished based upon your certification that you have a permissible purpose to obtain the report. The information contained herein was obtained in good faith from sources deemed reliable, but the completeness or accuracy is not guaranteed.

***** End Of Report *****

WA USA **WASHINGTON**

ENHANCED COMMERCIAL
DRIVER LICENSE



4d LIC# **WDL579R2933B**

9CLASS **B**

1 **BAGBY**

2 **CLUSSIE, JR**

3 DOB **08/27/1960**

4a ISS **12/16/2019**

8 **6210 S 249TH ST APT E202
KENT WA 98032-4242**

15 SEX **M**

18 EYES **BRO**

16 HGT **6'-02"**

17 WGT **240 lb**

12 RESTRICTIONS

9a END **PS**

M

4b EXP **08/27/2021**



[Handwritten signature]

5 DD **WDL579R2933BD1216194B1234**

REV 11/12

WA USA **WASHINGTON**

**ENHANCED COMMERCIAL
DRIVER LICENSE**

20 D1107184F1103



4d LIC# [REDACTED]

9 CLASS **B**

1 **BAGBY**

2 **CLUSSIE, JR**

3 DOB **08/27/1960**

4a ISS **11/07/2018**

8 **3932 62ND AVENUE CT E
FIFE WA 98424-2363**

15 SEX **M**

18 EYES **BRO**

16 HGT **6'-02"**

17 WGT **260 lb**

12 RESTRICTIONS
KM

9a END **PS**

4b EXP **08/27/2021**



CW

5 DD **WDL579R2933BD1107184F1103**

REV 09/04/2018



Public Burden Statement

A Federal agency may not conduct or sponsor and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-99A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: BAGBY JR** **First Name: CLUSSIE** in accordance with *(please check only one)*

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*

Wearing corrective lenses accompanied by a _____, waiver/exemption Driving within an exempt intracity zone (49 CFR 391.42) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
12/4/2020

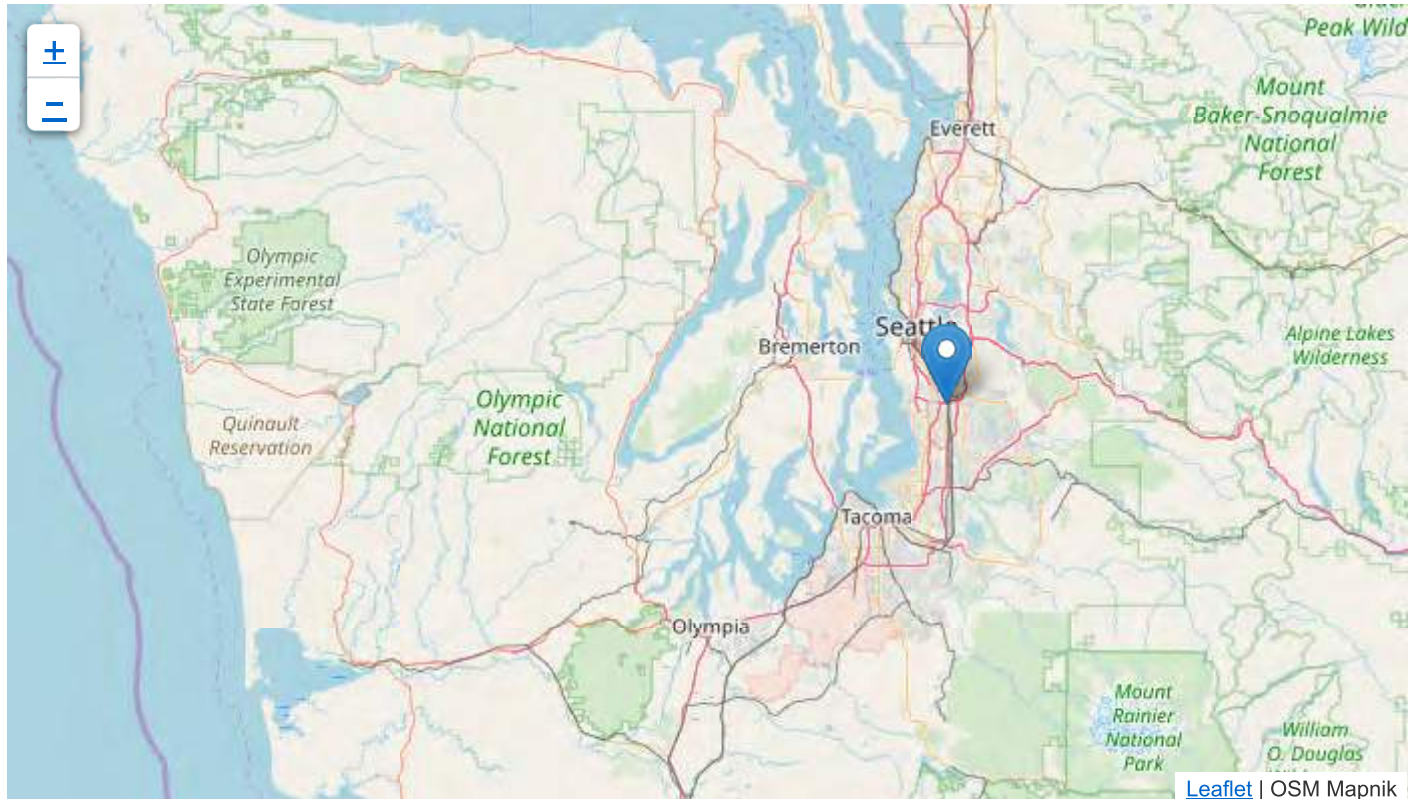
Medical Examiner's Signature <i>Arlene Dorrough</i>	Medical Examiner's Telephone Number (425) 291-3300	Date Certificate Signed 12/4/2018
Medical Examiner's Name (please print or type) Arlene Dorrough	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number PA10004920	Issuing State WA	National Registry Number 2485232375

Driver's Signature <i>[Signature]</i>	Driver's License Number [REDACTED]	Issuing State/Province WA
Driver's Address		
Street Address: 3932 62ND AVE CT E	City: FIFE	State/Province: WA Zip Code: 98424 <input type="radio"/> Yes <input checked="" type="radio"/> No

** This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



National Registry of Certified Medical Examiners Search



Ms. Arlene E Dorrrough Physician Assistant

AFC Urgent Care
18012 W. Valley Hwy.
Suite #101
Kent, WA 98032
(425) 291-3300

National Registry Number: 2485232375

Certification Date: 11/12/13

[Submit Feedback >](#)

[Submit Feedback >](#)

APPLICATION FOR EMPLOYMENT

NAME Deey L Roberts
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS 5012 S. Fletcher Seattle WA 98118 HOW LONG? 10 years
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH 05-19-1965 SOCIAL SECURITY NO. [REDACTED] 8946 HIRE DATE _____

TELEPHONE NUMBER 206-261-4647 E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
WA	[REDACTED]	CDL B	5/19/2022

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK BUS	Metro Bus - DRIVER	Sept 2017	20,000 miles 1,000
TRACTOR AND SEMITRAILER			
TRACTOR - TWO TRAILERS			
TRACTOR - TWO TRAILERS OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
	N/A			NO YES
				NO YES
				NO YES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

VIOL # 14A

Roberts P1

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)
N/A			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO

If yes, explain N/A

B. Has any license, permit or privilege ever been suspended or revoked? YES ___ NO

If yes, explain N/A

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME King County METRO

ADDRESS 201 S F JACKSON PHONE (206) 477-0193

POSITION HELD DRIVER FROM May 2017 TO current SALARY \$27.58 hr

REASONS FOR LEAVING current

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. N/A

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No ___

SECOND LAST EMPLOYER: NAME Blessed limo

ADDRESS 15 S. GRADY WAY PHONE 206-579-5911

POSITION HELD DRIVER FROM JAN 2016 TO current SALARY \$20 hr

REASONS FOR LEAVING current

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. N/A

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No ___

VIA #14 a
Roberts p2

THIRD LAST EMPLOYER: NAME The Boeing Co.
ADDRESS Chicago PHONE 1888-476-2016
POSITION HELD PAINTER FROM Aug 96 TO June 2016 SALARY \$34
REASONS FOR LEAVING Difference in Opinion
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. N/A

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No X

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No X

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

Nov 22 2019
DATE

[Signature]
APPLICANT'S SIGNATURE

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in is charge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

11/22, 2019
DATE

[Signature]
APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

U/O # 14 d

Roberts #3

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

By this document, [BLESSED LIMOUSINE INC.] discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Applicant Signature <i>Darryl Roberts</i>	Date <i>Feb. 11, 2020</i>
Print Name <i>Darryl Roberts</i>	Social Security Number [REDACTED] [REDACTED] <i>8946</i>
Employer Witness <i>Clusie Bagby</i>	Witness Title <i>Manager</i>



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS – PART 383

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.



The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it, you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver License Number 	State WA	Expiration Date 5/19/2022
Driver Signature 	Date Feb 13, 2020	



CERTIFICATION OF ROAD TEST

Driver's Name Deryl Roberts

Social Security Number [REDACTED] 8946

Operator's or Chauffeur's License Number RobertL357K2

State WASH

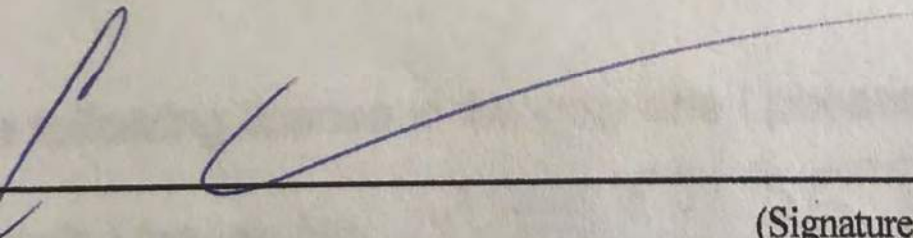
Type of Power Unit BUS - Charter

Type of Trailer(s) _____

If passenger carrier, type of bus Charter

This is to certify that the above-named driver was given a road test under my supervision on 4-6, 2019, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.



(Signature of Examiner)

Manager

(Title)

S S Grady Way Rusen

(Organization and Address of Examiner)

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1 | To be Completed by Prospective Employee (APPLICANT)

I, (first, middle, last) Deryl Lynn Roberts Social Security Number [REDACTED]-8946 Date of Birth 05-19-65

Hereby Authorize (My Previous Employer): Blessed limo

Address (Street) 15 S. Grady Way Phone 206-579-5911

Address (City, State, Zip) RENTON WA 98057 Fax

To release and forward the information requested by sections 2 & 3 of this document including my Alcohol and Controlled Substance Testing records within the previous 3 years from (M/Y of employment dates) 5-6-2019 to Current

To My Prospective Employer **BLESSED LIMOUSINE INC.** Phone: 206-579-5911 Fax:

Attn: Safety Manager Address **15 S GRADY WAY, STE. 634, RENTON, WA 98057**

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.

Applicant Signature Deryl Roberts Date 2-13-2020

Section 2 | To be Sent to and Completed by the Previous Employer listed above

The applicant named above was employed by us Yes No

From M/Y 5-5-2019 To M/Y Present

Did he/she drive a motor vehicle for you? Yes No

If yes, what type? Straight Truck Tractor Trailer Other Charter Bus

Reason for leaving your employ Discharged Resignation Lay Off Military Duty

Accident History:
Complete the following for any accidents included on your accident register (§390.15(b)) involving the applicant from the 3 years prior to the date signed above, or, if there is no accident register data for this driver, check here:

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
<u>NA</u>	<u>NA</u>		<u>NA</u>	

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies (per fmcscr 391.23)

Signature [Signature] Title MANAGER Date 2-13-2020

SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED

Section 3 To be Completed by Previous Employer

If the applicant was NOT subject to DOT testing requirements while employed by you please check here

fill in the dates of employment, complete the bottom of Section 3 sign, and return. M/Y 5-2020 to M/Y Present

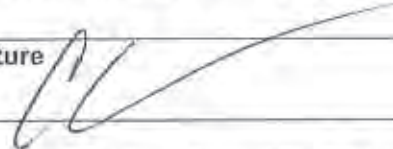
Has this person had an alcohol test with a result of 0.04 or higher?	Yes	<input checked="" type="radio"/> No
Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	<input checked="" type="radio"/> No
Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	<input checked="" type="radio"/> No
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	<input checked="" type="radio"/> No
If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No <input checked="" type="radio"/> N/A
For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No <input checked="" type="radio"/> N/A

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Previous Employer Representative Name (Print) Chissie Bagby Previous Employer Company

Phone

Address (Street, City, State, Zip)

Signature  Date 2-13-2020

Section 4 To be Completed by Prospective Employer

1. This form was	Faxed	Mailed	Other
By (sign)	On (Date)		
2. This form was	Faxed	Mailed	Other
By (sign)	On (Date)		
3. This form was	Faxed	Mailed	Other
By (sign)	On (Date)		
Information was received:	By Fax	By Mail	By Other
On: (Date) _____			



SAFETY PERFORMANCE HISTORY RECORDS REQUEST		
Section 1 To be Completed by Prospective Employee (APPLICANT)		
I, (first, middle, last) Deryl Lynn Roberts	Social Security Number [REDACTED]	Date of Birth 05-19-1965
Hereby Authorize (My Previous Employer): King County Metro		
Address (Street) 201 S. JACKSON	Phone 206-477-0193	
Address (City, State, Zip) SEATTLE WASH 98104	Fax 206 899-1546	
To release and forward the information requested by sections 2 & 3 of this document including my Alcohol and Controlled Substance Testing records within the previous 3 years from (M/Y of employment dates) July 2018 to Current		
To My Prospective Employer BLESSED LIMOUSINE INC.	Phone: 206-579-5911	Fax:
Attn: Safety Manager	Address 15 S GRADY WAY, STE. 634, RENTON, WA 98057	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.		
Applicant Signature Deryl Roberts	Date 2-13-2020	

Section 2 To be Sent to and Completed by the Previous Employer listed above				
The applicant named above was employed by us		Yes	No	
From M/Y	To M/Y			
Did he/she drive a motor vehicle for you?		Yes	No	
If yes, what type?	Straight Truck <input type="checkbox"/>	Tractor Trailer <input type="checkbox"/>	Other _____	
Reason for leaving your employ	Discharged <input type="checkbox"/>	Resignation <input type="checkbox"/>	Lay Off <input type="checkbox"/>	Military Duty <input type="checkbox"/>
Accident History: Complete the following for any accidents included on your accident register (§390.15(b)) involving the applicant from the 3 years prior to the date signed above, or, if there is no accident register data for this driver, check here: <input type="checkbox"/>				
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies (per fmcscr 391.23)				
Signature	Title	Date		



SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED

Section 3 To be Completed by Previous Employer

If the applicant was NOT subject to DOT testing requirements while employed by you please check here fill in the dates of employment, complete the bottom of Section 3 sign, and return. M/Y _____ to M/Y _____

Has this person had an alcohol test with a result of 0.04 or higher?	Yes	No	
Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	No	
Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	No	
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	No	
If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No	N/A
For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No	N/A
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.			

Previous Employer Representative Name (Print) _____ Previous Employer Company _____

Phone _____

Address (Street, City, State, Zip) _____

Signature _____ Date _____

Section 4 To be Completed by Prospective Employer

1. This form was	Faxed <u>2-13-2020</u>	Mailed	Other
By (sign)	<u>Clussie Bagby</u>	On (Date) <u>2-13-2020</u>	
2. This form was	Faxed <u>2-17-2020</u>	Mailed	Other
By (sign)	<u>Clussie Bagby</u>	On (Date) <u>2-17-2020</u>	
3. This form was	Faxed	Mailed	Other
By (sign)		On (Date)	
Information was received: On: (Date) _____	By Fax	By Mail	By Other

WASHINGTON

ENHANCED COMMERCIAL
DRIVER LICENSE



4d LIC# ROBERDL357KR 9 CLASS B
1 ROBERTS
2 DERYL LYNN

3 DOB 05/19/1965 4a ISS 08/17/2011
8 5012 S FLETCHER ST
SEATTLE WA 98118-5320

15 SEX M
16 HGT 6'-01"

18 EYES BRO
17 WGT 187 LB

12 RESTRICTIONS
BM

9a END NP
4b EXP 05/19/2022

Deryl Lynn Roberts

5 DD ROBERDL357KR33182293A1255



REV 07/06

Public Review Statement
 Federal agency may not conduct or sponsor, and a person who provides information to this collection of information does not have to respond to this collection of information unless it displays a current valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503-2929, and to the Office of Management and Budget, Paperwork Reduction Project (2126-0066), Washington, DC 20503.

Medical Examiner's Certificate

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: **08/25/2019**

Medical Examiner's Signature: *[Signature]*

Medical Examiner's Telephone Number: **(206) 624-3681**

Date Certificate Signed: **08/25/2017**

Medical Examiner's Name (please print or type): **MARK WARNICKY PA-C**

Medical Examiner's State License, Certificate, or Registration Number: **PA 10005043 WA**

Medical Examiner's Profession: MD Physician Assistant Advanced Practice Nurse DO Chiropractor Other Practitioner (specify):

Issuing State: **WA**

National Registry Number: **6703826473**

Driver's Signature: *Ward Roberts*

Driver's License Number: **Robert DL359KR**

Issuing State/Province: **3/2/2017**

Driver's Address: **5012 S. Feltner** City: **Seattle** State/Province: **WA** Zip Code: **98118**

Street Address: **5012 S. Feltner** City: **Seattle** State/Province: **WA** Zip Code: **98118**

CLP/CDL Applicant/Holder: Yes No

I certify that I have examined Last Name: Roberts First Name: Deryl in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

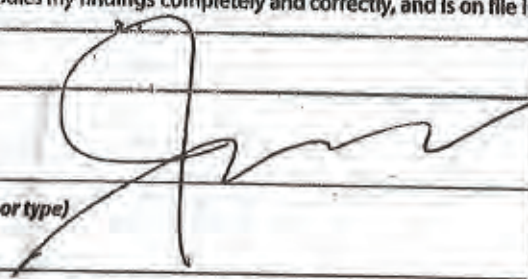
Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
08/12/2021

Medical Examiner's Signature: 

Medical Examiner's Name (please print or type): JIEGANG ZHOU

Medical Examiner's State License, Certificate, or Registration Number: MD00046227

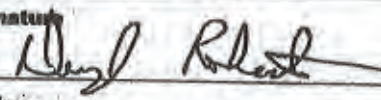
Medical Examiner's Telephone Number: (206) 568-8577

Date Certificate Signed: 08/12/2019

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Issuing State: Washington National Registry Number: 5731086814

Driver's Signature: 

Driver's License Number: [REDACTED] Issuing State/Province: WA

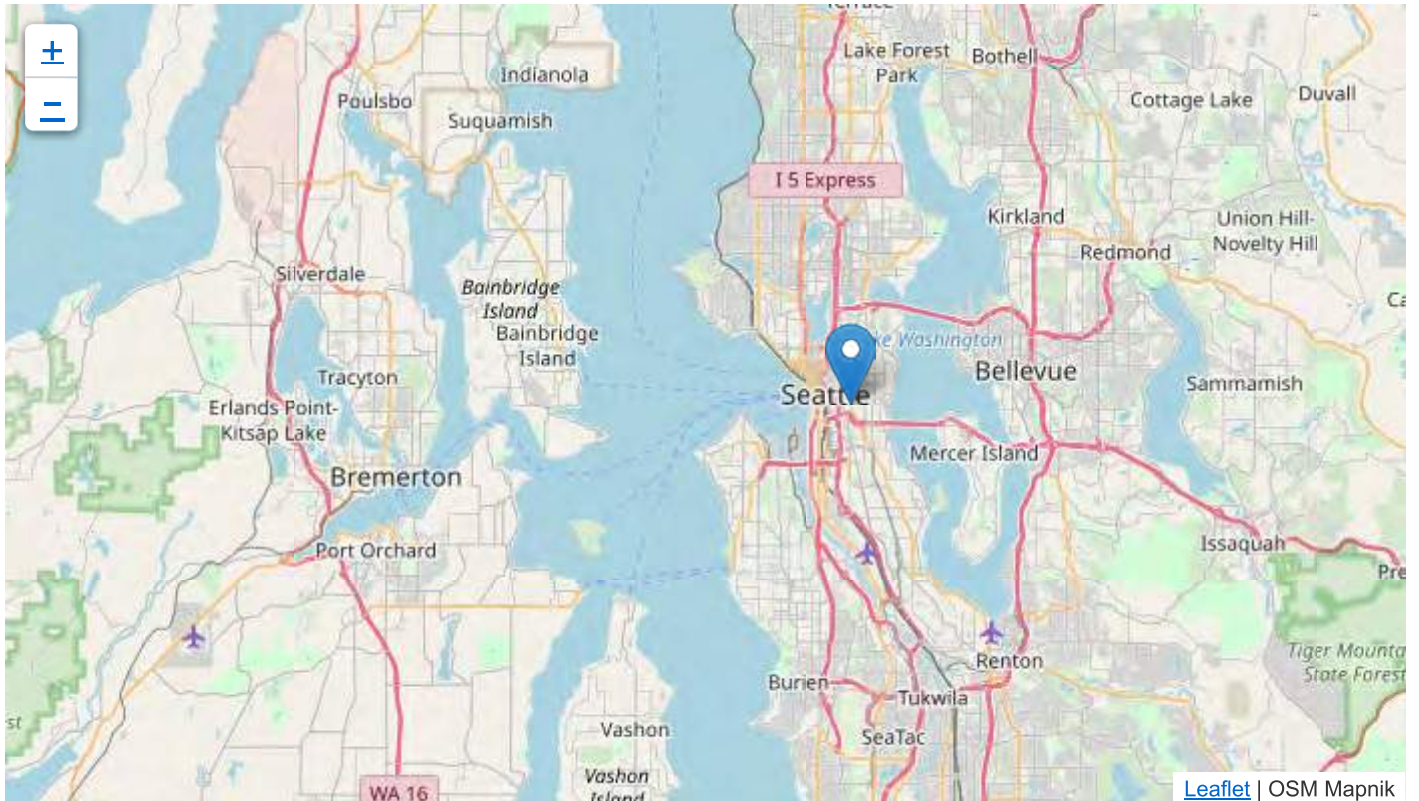
Driver's Address: 5012 S. Fletcher St City: Seattle State/Province: WA Zip Code: 98118

CLP/CDL Applicant/Holder: Yes No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



National Registry of Certified Medical Examiners Search



Mr. Jiegang Y Zhou Doctor of Medicine

Wasea Medical LLC
1400 S. Jackson Suite 24
Seattle, WA 98144
(206) 568-8577

National Registry Number: 5791086814

Certification Date: 03/23/14

[Submit Feedback >](#)

[Submit Feedback >](#)

VIOLATION AND REVIEW RECORD

Driver Name: Daryl Robert Employee number: 8946

PART 1

CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension, or withdrawal of an operator's license, but NOT parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
	N/A		

OPERATOR'S LICENSE REVOKED, SUSPENDED, OR WITHDRAWN? <u> </u> YES <input checked="" type="checkbox"/> <u> </u> NO
DATE: <u> </u> / <u> </u> / <u> </u> LICENSE NUMBER: <u> </u> State: <u> </u> EXPIRY: <u> </u> / <u> </u> / <u> </u>
DATE OF LICENSE RESTORATION: <u> </u> / <u> </u> / <u> </u>

If NO violations are listed above, I certify that I have not been convicted or forfeited bond or collateral during the past 12 months due to any violation required to be listed.

Daryl Robert
Driver's Signature

11/22/2019
Date

[Signature]
Signature of Reviewer

owner
Title

11/22/19
Date

Blessed Limosine INC
Motor Carrier's Name

15 S Grady Way Suite 634, Renton WA 98057
Motor Carrier's Address

PART 2

ANNUAL REVIEW AND EVALUATION OF OFFICIAL MOTOR VEHICLE RECORD

In accordance with section 395.21 of the Federal Motor Carriers Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him or her, in accordance with section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below [and on the reverse side of this form if needed]

[Signature]
Signature of Reviewer

MANAGER/owner
Title

11/22/19
Date

DETAILS:

VIO #15a

Driver Information

DLN: [REDACTED]
 Last: ROBERTS
 First: DERYL
 Middle: LYNN
 Suffix:
 DOB: 05/19/1965
 Gender: M

Address Information

Address on file

License and ID Details

Enhanced Driver License:

Status: Licensed
 Issue: 02/13/2017
 Expire: 05/19/2022
 Original issue: 05/30/1981

Enhanced CDL Class B:

Status: Licensed
 Type: Replacement
 Issue: 11/23/2019
 Expire: 05/19/2022
 Original issue: 03/02/2017
 Self-certification: Non-Excepted Interstate
 Self-certification date: 11/23/2019
 Medical certification: Certified
 Medical certification date: 08/12/2019
 Downgraded: 08/13/2021

CDL Class B Permit:

Type: Original
 Issue: 02/13/2017
 Expire: 08/11/2017
 Original issue: 13-Feb-2017
 Endorsements: P, S, N
 Restrictions: M, K, X, P
 Self-certification: Non-Excepted Interstate
 Self-certification date: 11/23/2019
 Medical certification: Certified
 Medical certification date: 08/12/2019

Ignition Interlock Restricted License:

Issue: 06/28/2011
 Expire: 09/08/2011
 Original issue:

Restrictions

Description	Lic type	Code
No Class A Passenger Vehicle	CDLB	M
Corrective Lenses	CDLB	B

Endorsements

Description	Code
Passenger	P
Tank Vehicle	N

Reinstatements

Requirement

No requirements

DLN History

DLN	Start	End
[REDACTED]	11/23/2019	
[REDACTED]	08/28/2001	11/23/2019

Vib #66

ANNUAL REVIEW OF DRIVING RECORD

PART A - CERTIFICATION OF VIOLATIONS

Driver Name

Daryl Roberts

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an **annual** records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
N/A	N/A	N/A	N/A

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's license #: [REDACTED] State: WA Exp. Date: 5/19/2022

Change of Address:

If you have moved in the last 12 months, provide your new address here

Drivers Signature: [Signature] Today's Date: 2/13/2020

PART B - MVR (Attach MVR to form)

PART C - CARRIER'S ANNUAL REVIEW

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2) This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a CMV pursuant to 391.15., or
- This driver is disqualified to drive a CMV pursuant to company policy

Carrier's Name BLESSED LIMOUSINE INC.	Carrier's Address 15 S GRADY WAY, STE. 634, RENTON, WA 98057
Reviewed by: [Signature] Classie Bragby	Title manager
	Date 2-13-2020

E1

FILE NUMBER 432700 REPORT DATE 02-18-2020
REPORT TO DOT Compliance Help, Inc (460722) ORDER DATE 02-14-2020 Kimberly Gurga
1220 15th Avenue REFERENCE DERROBBLESSED
Rockford, IL 61104 TYPE Driving Record
Phone: 847-836-6063
Fax: 480-287-8058

Application Information

APPLICANT ROBERTS, DERYL LYNN SSN - DOB 05-19-1965
DRIVERS WA - [REDACTED] PHONE NUMBER -
LICENSE
ADDRESS(ES) 5012 S FLETCHER ST CITY / STATE / ZIP SEATTLE, WA 98118

Credentials

Driving Record

RESULTS **License Found With Records**
STATE OF ISSUE Washington SEARCH DATE 02-18-2020 1:45 PM MST
LICENSE NUMBER [REDACTED]
License Number: [REDACTED]
License State: WA
History Length: EMP
Full Name: ROBERTS, DERYL LYNN
DOB: 1965-05-19
Gender: Male

License Info

Status: VALID
License Type: Personal
Class: D
Class Description: CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
Expiration Date: 2022-05-19
Issue Date: 2019-11-23
Original Issue Date: 1981-05-30
Restriction: CORRECTIVE LENSES MUST BE WORN
Restriction: NO CLASS A PASSENGER VEHICLE

License Info

Status: VALID
License Type: Commercial
Class: B
Class Description: CLASS B COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE
< 10K LBS.
Expiration Date: 2022-05-19
Issue Date: 2019-11-23
Original Issue Date: 2017-03-02
Endorsement: PASSENGER TRANSPORTATION

Endorsement: TANK VEHICLE

Other License Info

Misc: Replacement

Medical Certificate

Status: CERTIFIED
Issue Date: 2019-08-12
Expiration Date: 2021-08-12
CORRECTIVE LENS

Restrictions:

Examiner

Name: JIEGANG ZHOU
License No: 00046227
License Jurisdiction: WA
Registration Number: 5791086814
Phone Number: 2065688577
Specialty: CDL

Self Certification

Description: NON EXCEPTED INTERSTATE

Messages

NO ACCIDENTS FOUND FOR THIS DRIVER

DRIVER HISTORY:

DL NUMBER: [REDACTED]

COMMENCE DATE: 8/28/2001

CEASE DATE: 11/23/2019

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 8/17/2018 EXPIRES: 5/19/2022

ISSUE TYPE: DUPLICATE

DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS B COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE < 10K LBS.

ISSUED: 8/17/2018 EXPIRES: 5/19/2022

ISSUE TYPE: DUPLICATE

DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 3/2/2017 EXPIRES: 5/19/2022

ISSUE TYPE: ORIGINAL

DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS B COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE < 10K LBS.

ISSUED: 3/2/2017 EXPIRES: 5/19/2022

ISSUE TYPE: ORIGINAL

DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 2/13/2017 EXPIRES: 8/11/2017

ISSUE TYPE: ORIGINAL

DOCUMENT TYPE: COMMERCIAL_LEARNERS_PERMIT

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS B COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE < 10K LBS.

ISSUED: 2/13/2017 EXPIRES: 8/11/2017

ISSUE TYPE: ORIGINAL

DOCUMENT TYPE: COMMERCIAL_LEARNERS_PERMIT

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]

CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES

ISSUED: 2/13/2017 EXPIRES: 5/19/2022

ISSUE TYPE: REPLACEMENT

DOCUMENT TYPE: ENHANCED_DRIVER_LICENSE

PAST DOCUMENT:

LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 6/1/2016 EXPIRES: 5/19/2022
ISSUE TYPE: RENEWAL
DOCUMENT TYPE: ENHANCED_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 5/9/2012 EXPIRES: 5/19/2016
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: ENHANCED_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 11/19/2011 EXPIRES: 5/19/2016
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: ENHANCED_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 9/15/2011 EXPIRES: 5/19/2016
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: ENHANCED_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 6/28/2011 EXPIRES: 9/8/2011
ISSUE TYPE: ORIGINAL
DOCUMENT TYPE: UNKNOWN
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 5/31/2011 EXPIRES: 5/19/2016
ISSUE TYPE: RENEWAL
DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS A COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE >
10K LBS.
ISSUED: 5/31/2011 EXPIRES: 5/19/2016
ISSUE TYPE: RENEWAL
DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 5/6/2010 EXPIRES: 5/19/2011
ISSUE TYPE: REPLACEMENT
DOCUMENT TYPE: ENHANCED_COMMERCIAL_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS A COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE >
10K LBS.
ISSUED: 5/6/2010 EXPIRES: 5/19/2011
ISSUE TYPE: REPLACEMENT

DOCUMENT TYPE: ENCHANCED_COMMERCIAL_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 2/12/2010 EXPIRES: 5/19/2011
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: COMMERCIAL_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS A COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE >
10K LBS.
ISSUED: 2/12/2010 EXPIRES: 5/19/2011
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: COMMERCIAL_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS D OPERATOR ANY NON COMMERCIAL VEHICLES
ISSUED: 5/26/2009 EXPIRES: 5/19/2011
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: COMMERCIAL_DRIVER_LICENSE
PAST DOCUMENT:
LICENSE NUMBER: [REDACTED]
CLASS A COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE >
10K LBS.
ISSUED: 5/26/2009 EXPIRES: 5/19/2011
ISSUE TYPE: DUPLICATE
DOCUMENT TYPE: COMMERCIAL_DRIVER_LICENSE
MEDICAL CERTIFICATION DOWNGRADED: 8/13/2021

VIOLATION

Incident Date: 2011-06-10
Conviction Date: 2011-06-10
State: WA
Docket: CNV356596
Description: ADMIN PER SE
State Code: A91
ACD: A91
BAC 1: 0.0000
BAC 2: 0.0000
BAC 3: 0.0000
BAC 4: 0.0000
COURT FINDING: GUILTYADMIN

VIOLATION

Incident Date: 2011-01-21
Conviction Date: 2011-01-21
State: WA
Docket: CNV356597
Description: ADMIN PER SE
State Code: A91

ACD: A91
BAC 1: 0.1300
BAC 2: 0.0000
BAC 3: 0.0000
BAC 4: 0.0000
COURT FINDING: GUILTYADMIN

VIOLATION

Incident Date: 2011-01-21
Conviction Date: 2012-01-17
State: WA
Docket: C0857621
Court: King County District Court
Description: RECKLESS DRIVING
State Code: M84
ACD: M84
COURT FINDING: GUILTY
AMENDED: TRUE

DISQUALIFICATION

Description: CDL DISQUALIFICATION
Incident Date: 2011-06-10
Ordered Date: 06/10/2011
Mail Date: 2011-06-10
Start Date: 2011-06-10
Thru Date: 2012-06-10
End Date: 2012-06-10
State: WA
Docket: 111610902
Description: ADMIN PER SE
State Code: A91
ACD: A91

SUSPENSION

Description: SUSPENSION
Incident Date: 2011-01-21
Ordered Date: 01/21/2011
Mail Date: 2011-01-21
Start Date: 2011-06-10
Thru Date: 2011-09-08
End Date: 2011-09-08
State: WA
Docket: 111460902
Description: ADMIN PER SE
State Code: A91
ACD: A91

WARNING: Confidential Information - To Be Used As Per State And Federal Laws. Misuse May Result In A Criminal Prosecution.

Disclaimer

This report is furnished to you pursuant to the Agreement for Service between the parties and in compliance with the Fair Credit Reporting Act. This report is furnished based upon your certification that you have a permissible purpose to obtain the report. The information contained herein was obtained in good faith from sources deemed reliable, but the completeness or accuracy is not guaranteed.

***** End Of Report *****

BLESSED LIMOUSINE INC- DOT #2822783
15 S GRADY WAY - RENTON, WA 98057
TEL. 206-579-5911

Date: 17 February 2020

TO: All drivers and employees of Blessed Limousine Inc.

Effective immediately:

We had a little trouble with a compliance review a few months ago, as you surely have learned.

One of the problems the investigator had was the way we were keeping track of hours of service.

In the past we had a graph grid sheet with start time and end time for each day driving a Blessed Limousine commercial motor vehicle.

What they really wanted to see was Start time, Stop time, and Total hours worked for any day in which ANY CMV operation takes place, and number of hours any day not worked.

That's a little over-simplified, but I just want us to understand, we have to be more careful in future to keep track of Hours of service and do it the right way.

We are going to do some driver training when we have a few more drivers to work with, but in the meantime, this is the policy I need for everyone to understand.

Each day you drive a CMV for us, we need to know start time, stop time and total hours that day, and we need to know how many hours you worked each day for the most-recent 7 days, and what time you got off work the day before.

Some sample documents are attached.


The most important thing we are trying to accomplish is this; we don't want to ever put a driver on the road in one of our motor coaches that is too tired or too sick to drive.

20 - Blessed Limousine HOS policy

If you were working at a different job until midnight on Monday night, we don't want to dispatch you before 8 am on Tuesday – this is an example of why you need to fill out that form including what time you were released from duty the day before.

If, at the end of the month, I have to ask for something to be corrected or ask for more information, this is the reason why. WE want to be sure we always have drivers that are within the legal limit on hours of service, and we have the documents to prove it.

WE appreciate your cooperation. This is a DRAFT policy, so if you have a suggestion about how we might do something even more efficiently or effectively, let me know; your idea might result in a change or addition to this policy.

 Clussie Bagby 2-17-2020

Clussie Bagby, (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

December

2019

Blessed Transportation

15 S Grady Way Ste 634

Renton, WA 98057

CHARTERS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 Charter: Salty's 2:30-9:30pm .Curtis	4	5	6 Charter: Everett 1:40 - 10:00pm Curtis	7
8	9	10	11	12	13 Charter: 12:30-6:00pm Curtis	14
15	16	17 Charter: 2:00 - 10:00pm Curtis	18	19 Charter 2:00pm -6pm Deryl	20 Charter: Ocean 1:00pm-7pm Curtis 2:00pm - 6pm Deryl	21
22	23	24	25	26 2:00pm-6:pm Deryl	27 Charter: Salty's 2:00 - 10:00pm Clussie 2:00pm - 6pm Deryl	28 Charter: 1:00 - 9:00pm Clussie
29 Charter: 12:00 - 2:00pm Clussie	30	31				

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12-2	2pm	6pm	4	
Tuesday	12-3			0	
Wednesday	12-4	1pm	7pm	6	
Thursday	12-5	3pm	7pm	4	
Friday	12-6	2pm	4pm	2	
Saturday	12-7			0	
Sunday	12-8			0	
Total Hours for the week					

Total Hours Worked with Blessed this week =

16

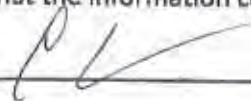
Total Hours Worked Apart from Blessed (any other jobs) this week =

(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature



Date

12-14-19

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12-9			0	
Tuesday	12-10	12pm	2pm	2	
Wednesday	12-11	1pm	4pm	3	
Thursday	12-12			0	
Friday	12-13	11am	7pm	8	
Saturday	12-14			0	
Sunday	12-15			0	
Total Hours for the week					

Total Hours Worked with Blessed this week =

13

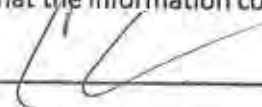
Total Hours Worked Apart from Blessed (any other jobs) this week =

(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature



Date

12-17-19

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12-16	12pm	6pm	4	
Tuesday	12-17	8am	4pm	8	
Wednesday	12-18	2pm	6pm	4	
Thursday	12-19	1pm	6pm	5	
Friday	12-20			0	
Saturday	12-21			0	
Sunday	12-22			0	
Total Hours for the week					

Total Hours Worked with Blessed this week =

21

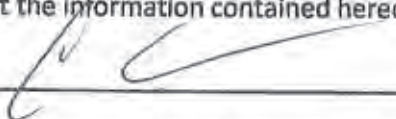
Total Hours Worked Apart from Blessed (any other jobs) this week =

(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature



Date

12-24-19

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12-23			0	
Tuesday	12-24	4pm	6pm	2	
Wednesday	12-25 2			0	
Thursday	12-26			0	
Friday	12-27	2pm	10pm	8hrs	
Saturday	12-28	4pm	9pm	8hrs	
Sunday	12-29			0	
Total Hours for the week				18	

Total Hours Worked with Blessed this week =

18

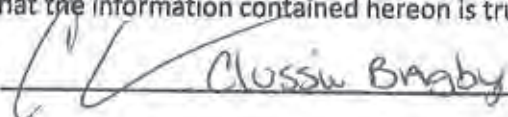
Total Hours Worked Apart from Blessed (any other jobs) this week =

(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature

 Clousin Braby

Date 1-1-2020

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air milles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12-30	12pm	2pm	2	
Tuesday	12-31	2pm	4pm	2	
Wednesday	1-1			0	
Thursday	1-2			0	
Friday	1-3	1pm	5pm	4	
Saturday	1-4			0	
Sunday	1-5			0	
Total Hours for the week				8	

Total Hours Worked with Blessed this week =

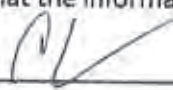
8

Total Hours Worked Apart from Blessed (any other jobs) this week =
(Required)

[]

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature  Clussie Bragby Date 1-9-2020

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12/9/1	5:31 pm	1:25 am	7.9	
Tuesday	12/10	3:33 pm	12:01 pm	8.52	
Wednesday	12/11	5:20 pm	1:09 am	7.5	
Thursday	12/12			0	0
Friday	12/13			0	0
Saturday	12/14	5:38 pm	3:31 am	9.75	
Sunday	12/15	7:13 pm	4:40 am	9.45	
Total Hours for the week					

Total Hours Worked with Blessed this week =

Total Hours Worked Apart from Blessed (any other jobs) this week = 43.12

(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature

Daryl Robert

Date

12/17/2019

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Drivers logs should be submitted within 48 hours of your completed work

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12-16	5:30	12:30	7 hrs	7 hrs
Tuesday	12-17	5:20	1:00	7.5	7.5
Wednesday	12-18	3:31	11:09	7.7	7.7
Thursday	12-19	2pm	6pm	4 hours	
Friday	12-20	2pm	6pm	4 hours	
Saturday	12-21	2pm	7pm	5 hrs	5 hrs
Sunday	12-22	3pm	8pm	5 hr	5 hr
Total Hours for the week				40.2	32.2

Total Hours Worked with Blessed this week = 8

Total Hours Worked Apart from Blessed (any other jobs) this week = 32.2

(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature  Date 12-24-2019

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12-23	5:30	12:30	7 hrs	7 hrs
Tuesday	12-24	5:20	1:00	7.5	7.5
Wednesday	12-25	3:31	11:09	7.7	7.7
Thursday	12-26	2 pm	6 pm	4 hrs	
Friday	12-27	2 pm	6 pm	4 hours	
Saturday	12-28	2 pm	7 pm	5 hrs	5.0
Sunday	12-29	3 pm	8 pm	5 hrs	5.0
Total Hours for the week				40.2	32.2

Total Hours Worked with Blessed this week = 8

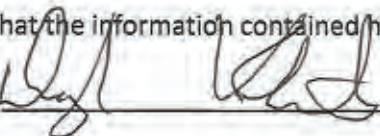
Total Hours Worked Apart from Blessed (any other jobs) this week = 32.2

(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature



Date

12-30-2019

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

TRAINING CERTIFICATE

CLUSSIE BAGBY

has completed a webinar training course on the topic of:

**DOT COMPLIANCE TRAINING
HOURS OF SERVICE, FATIGUED DRIVING, ELD
RULES & LOG AUTOMATION, RECORDS OF DUTY,
& EXEMPTIONS AND EXCEPTIONS**

FEBRUARY 13TH, 2020

Training provided by DOT Compliance Help, Inc. TM
543 E. Main Street, Ste. B, East Dundee, IL 60118
(847) 836-6063, www.dotcompliancehelp.com

One hour seminar **The HOS BASIC**

For Managers of transportation-related companies and private carriers

Remember, It's not about Hours of Service. - It's about driver fatigue..

A tired driver is a dangerous driver.
HOS monitoring is an important tool for combating driver fatigue.



**11 driving
14 on duty
10 off duty**



FMCSR 395 sets limits on driving and on-duty time, sets minimum rest periods, and establishes a regimented documentation process.



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DOT Compliance Help, Inc.
For use in training our clients

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HOURS OF SERVICE RECORD (7 DAY SHEET)

FOR FIRST TIME OR INTERMITTENT DRIVERS

On the first day you drive, you must fill out this form to record all work from the previous week done for direct *or* indirect compensation.

Name:	Employee ID#:	Location:
-------	---------------	-----------

Date	Total Time on Duty	Time Relieved from duty
(7 days ago)		not applicable
(6 days ago)		not applicable
(5 days ago)		not applicable
(4 days ago)		not applicable
(3 days ago)		not applicable
(2 days ago)		not applicable
(Yesterday)		
(Today's Date)		not applicable

I hereby certify that the information contained hereon is true and to the best of my knowledge and belief, and that my last period of release from duty was:

From (Date)	To (Date)	
Signature	Date	Time

C1



Tours Driver's Weekly Timesheet

Driver Name: _____

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours for the week					

Total Hours Worked with Blessed this week =

Total Hours Worked Apart from Blessed (any other jobs) this week =
(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature _____ Date _____

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

BLESSED LIMOUSINE INC- DOT #2822783
15 S GRADY WAY - RENTON, WA 98057
TEL. 206-579-5911

Date: 17 February 2020

TO: All drivers and employees of Blessed Limousine Inc.

Effective immediately:

A. Roadside inspections:

As a team, we must work together to ensure we never dispatch a bus that has a violation from a roadside inspection.

For every roadside inspection, we will maintain documentary evidence of repairs.

Any roadside inspection document must be brought to me immediately.

If there is one or more out-of-service violations, we will not operate that vehicle until the OOS violations are corrected.

When there are other violations, which are not OOS violations, we will ensure these are corrected before the vehicle is dispatched again.

B. Annual inspections

We will have these done each 8 – 10 months.

We will put a sticker on the outside of the bus each time an inspection is completed.

Drivers will check the date of the most-recent annual inspection each day when performing a pre-trip inspection.

I will check the list and schedule annual inspections to be done well before they expire.

C. Quarterly inspection / Scheduled maintenance inspections - including inspection of emergency exits

Once each quarter or 90 days, we will take each motor coach to Gary Miller's shop where he will perform his "A" inspection (sample attached)

At that time, Miller will also complete the Quarterly Bus Window / emergency window inspection (See sample, attached)

Once each 6 months, we will take each motor coach to Gary Miller's shop to perform a "B" inspection and an annual DOT inspection

D. Daily vehicle Inspections

Using the new DVIR form as a memory aid, each driver will perform a thorough pre-trip and post-trip inspection each day and turn in a DVIR with a signature and date, and if applicable, sufficient information to direct needed repairs.

If a driver notes a violation which would make the CMV unsafe to operate, the vehicle will not be dispatched until needed repairs are complete.

If minor violations are noted on DVIRs, we will be sure repairs are complete no later than the next scheduled maintenance interval.

Note to drivers and other employees:

Regarding operating a CMV when it was declared Out of Service:

Last year, one of the mistakes we made was this; we had a CMV placed out of service with more than one OOS Violation, at a roadside inspection.

One of the violations was a tire violation.

We had the vehicle towed here and made the repairs except the tires.

Then, we had someone drive it a couple miles to the tire shop.

We thought we were doing it OK, but then the DOT investigator pointed out we actually operated the CMV while it was OUT OF SERVICE.

We all need to understand this really basic thing about the FMCSA – if a vehicle is placed OOS we cannot move it at all, unless an inspector specifically states we should driver to a specific place to make repairs.

We all must work together to be sure this does not happen again.

Regarding Annual Inspection:

One of the problems we had last year was, we had a vehicle dispatched with an annual inspection that was expired.

To keep that from EVER happening again, we are going to put stickers on the buses letting you know when they had an annual inspection.

WE are NOT Going to wait a full year; we might be getting these annual inspections done each 6 months.

Every time you are dispatched you need to do a good, thorough pre-trip inspection, including checking to see when the annual inspection was done.

We have to work together to make sure we never let one of these slip past again.

Regarding Frequent OOS Violations:

Last year we had too many Out of Service violations; the percentage was 60%. When a company has an OOS Percentage that is more than 34%, it can really hurt on a compliance review – this was one of the things that led to us getting shut down temporarily.

I have got a copy of the CVSA Out of Service Guide and we are all going to have some training on it. And, we are going to find some other ways to make sure we all get enough training to avoid getting ANY out of service violations.

I am open to suggestions; we need to work together as a team to make sure our buses are properly maintained and be PARTICULARLY careful about OOS Violations.

We are going to hand out a complete list of all the OOS Violations as soon as possible, but for now, let's all look at the list of OOS Violations that hurt us last year:

393.62(a) No or Defective bus emergency exits	3 times
393.205(c) Wheel fasteners lose	1 time
393.51 No or defective brake warning device	1 time
393.75(a)(1) Tire-ply or belt material exposed	1 time
393.75C Tire-other tread depth less than 1/32 of inch	1 time

393.83(d) Improper exhaust-bus (diesel)	1 time
393.9(a) Inoperative Brake Lamps	1 time

The most-common violation was the emergency exits.

393.62(a) No or Defective bus emergency exits

We went to always be sure we do a good job and don't have a wreck, but something could happen. So, all drivers have to be sure they know how to operate the emergency exits. And, we have a scheduled inspection each 90 days to make sure they are working right. Always look carefully at the emergency exits during your pre-trip to be sure there is nothing wrong.

393.205(c) Wheel fasteners lose

As part of the pre-trip you have to check to be sure the lug nuts are properly torqued. We may install some visual aids to help you, but it is really important when you are doing a pre-trip to check the lug nuts. The consequences of a tire coming off are just too severe.

393.51 No or defective brake warning device

During pre-trip inspections we have to do the brake checks.

393.75(a)(1) Tire-ply or belt material exposed and
393.75C Tire-other tread depth less than 1/32 of inch

All drivers on pre-trips have to look for tire violations. But, we are also going to have our tire contractor come by the lot once a week to check our tires. WE all will work together to be sure we don't take chances with our passengers' lives by dispatching a moto coach with tires that aren't good enough.

30 - Blessed Limousine LLC - Maintenance policy

393.83(d) Improper exhaust-bus (diesel)

Like everything else; you have to check during the pre-trip inspection, and if there is an exhaust problem we have to get it taken care of before putting the motor coach on the road. I think the exhaust violation was something a driver would not have noticed; this is an example of why we are having a quarterly inspection. So if the exhaust problem is noticed, put it on the DVIR and let me know.

393.9(a) Inoperative Brake Lamps

This is one more thing you have to always check on pretrips; we have to work together to make sure we don't send a bus down the road with any lights that aren't working.

We cannot prevent ALL violations, but we will try.

We cannot always prevent OOS violations, but we will try particularly hard to avoid these.

We are all going to spend a little time looking at eh list of Out of Service violations, and we are going to set up some refresher training on pre-trip inspections, to help everyone do their best on this important task.

Clussie Bagby, (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

30 - Blessed Limousine LLC - Maintenance policy

393.83(d) Improper exhaust-bus (diesel)

Like everything else; you have to check during the pre-trip inspection, and if there is an exhaust problem we have to get it taken care of before putting the motor coach on the road. I think the exhaust violation was something a driver would not have noticed; this is an example of why we are having a quarterly inspection. So if the exhaust problem is noticed, put it on the DVIR and let me know.


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This is one more thing you have to always check on pretrips; we have to work together to make sure we don't send a bus down the road with any lights that aren't working.

We cannot prevent ALL violations, but we will try.

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We are all going to spend a little time looking at eh list of Out of Service violations, and we are going to set up some refresher training on pre-trip inspections, to help everyone do their best on this important task.



Clussie Bagby 2-17-2020

Clussie Bagby, (PRESIDENT)

BLESSED LIMOUSINE, INC, DOT # 2822783

Unit #	Vehicle Type	Year	Make	Model	passenger capacity	Vehicle ID Number (VIN)	Licence Plate #	License Plate State	Annual Inspection
9875	Motor Coach	2005	Vanhool	C2045	57	YE2CC16B252046577	C13375K	WA	Dec-19
181	Motor Coach	2005	Vanhool	C2045	57	YE2CC16B252046594	BPM6944	WA	Oct-19
777	Motor Coach	2005	Vanhool	C2045	57	YE2CC16B752046591	C47483S	WA	oos since sept 2019

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
42578405	181
DATE October 8, 2019	

MOTOR CARRIER OPERATOR Blessed Limosine ADDRESS 3932 62nd Ct. E. CITY, STATE, ZIP CODE Fife, wa, 98424 VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTOR'S NAME (PRINT OR TYPE) Roman Ruiz THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER wa-BPM6944 • YE2CC16B252046594 INSPECTION AGENCY/LOCATION (OPTIONAL) GLM Charters
---	--

VEHICLE COMPONENTS INSPECTED

OK		NEEDS REPAIR		REPAIRED DATE		ITEM		OK		NEEDS REPAIR		REPAIRED DATE		ITEM	
				1. BRAKE SYSTEM								6. SAFE LOADING			
✓							a. Service Brakes	✓							a. Tires on any steering axle of a power unit.
✓							b. Parking Brake System	✓							b. All other tires.
✓							c. Brake Drums or Rotors	✓							
✓							d. Brake Hose	✓							
✓							e. Brake Tubing	✓							
✓							f. Low Pressure Warning Device	✓							
N/A							g. Tractor Protection Valve	N/A							
✓							h. Air Compressor	✓							
✓							i. Electric Brakes	✓							
N/A							j. Hydraulic Brakes	✓							
✓							k. Vacuum Systems	✓							
				2. COUPLING DEVICES								10. TIRES			
							a. Fifth Wheels								a. Tires on any steering axle of a power unit.
							b. Pintle Hooks								b. All other tires.
							c. Drawbar/Towbar Eye								
							d. Drawbar/Towbar Tongue								
							e. Safety Devices								
							f. Saddle-Mounts								
				3. EXHAUST SYSTEM								11. WHEELS AND RIMS			
✓							a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.								a. Lock or Side Ring
✓							b. Bus exhaust system leaking or discharging in violation of standard.								b. Wheels and Rims
✓							c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.								c. Fasteners
															d. Welds
				4. FUEL SYSTEM								12. WINDSHIELD GLAZING			
✓							a. Visible leak.								Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓							b. Fuel tank filler cap missing.								
✓							c. Fuel tank securely attached.								
				5. LIGHTING DEVICES								13. WINDSHIELD WIPERS			
✓							All lighting devices and reflectors required by Part 393 shall be operable.								Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
				6. SAFETY DEVICES								14. OTHER			
															List any other condition(s) which may prevent safe operation of this vehicle.
				7. STEERING MECHANISM											
							a. Steering Wheel Free Play								
							b. Steering Column								
							c. Front Axle Beam and All Steering Components Other Than Steering Column								
							d. Steering Gear Box								
							e. Pitman Arm								
							f. Power Steering								
							g. Ball and Socket Joints								
							h. Tie Rods and Drag Links								
							i. Nuts								
							j. Steering System								
				8. SUSPENSION											
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.								
							b. Spring Assembly								
							c. Torque, Radius or Tracking Components								
				9. FRAME											
							a. Frame Members								
							b. Tire and Wheel Clearance								
							c. Adjustable Axle Assemblies (Sliding Subframes)								

Emergency Windows

Driver/Passenger seat belt

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION ACCORDANCE WITH 49 CFR PART 396.

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
2020005	9785
DATE	12/4/19

MOTOR CARRIER OPERATOR
BLESSED LIMOUSINE, INC
 ADDRESS
15 So Grady Way
 CITY, STATE, ZIP CODE
Renton, WA 98057
 VEHICLE TYPE TRACTOR TRAILER TRUCK BUS
 (OTHER)

INSPECTOR'S NAME (PRINT OR TYPE)
Steve At
 THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.
 YES
 VEHICLE IDENTIFICATION (✓ AND COMPLETE) LIC. PLATE NO. VIN OTHER
VE2CC16B252046577
 INSPECTION AGENCY/LOCATION (OPTIONAL)
Seattle

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			6. SAFE LOADING	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Protection against shifting cargo.	<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Container securement devices on intermodal equipment.	<input checked="" type="checkbox"/>			c. Installation of speed-restricted tires unless specifically designated by motor carrier.
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			7. STEERING MECHANISM	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>			Any passenger seat that is not securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			8. SUSPENSION	<input checked="" type="checkbox"/>			15. OTHER
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.	<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			9. FRAME	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			a. Frame Members	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Bus exhaust system leaking or discharging in violation of standard.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Visible leak.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Part 393 shall be operable.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

**Periodic Inspector Qualification
CERTIFICATION**

I, JOSE LUIS TORRES AT, hereby certify that I am knowledgeable in the requirements for performing an annual vehicle inspection and I can identify defective components in compliance with the regulations of the U.S. Department of Transportation for annual vehicle inspections contained in 49 CFR Part 396 Appendix G. I hereby agree to comply with all such regulations governing annual vehicle inspections.

A qualified inspector must meet one or more of the following requirements. Please check those applicable.

- Successfully completed a state or federal sponsored training program, which qualifies me to perform a commercial vehicle safety inspection.
- One year of training and/or experience in truck manufacturer of similar commercially sponsored training designed to train in truck operation and maintenance.
- One year experience as a mechanic or inspector in a motor carrier maintenance program.
- One year experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility.
- One year experience as a commercial vehicle inspector for a state, provincial or federal government.

JOSE LUIS TORRES AT
Signature of Mechanic/Inspector

I, MARC EISBERNER, hereby certify that JOSE LUIS TORRES has met the requirements for a qualified inspector to perform the annual vehicle inspection in compliance with the regulations of the U.S. Department of Transportation for qualified inspectors contained in 49 CFR Part 396.19.

Dated this 15th day of September, 2019.

[Signature]
Signature of Owner/Supervisor

BRAKE INSPECTOR'S CERTIFICATION

Name of Brake Inspector: Jose Luis Torres At
(Print)

Date 9/15/2019

 I hereby certify I am a **Qualified Brake Inspector** by the following criteria set forth under 396.25:
And

 I am knowledgeable of and have mastered the methods, procedures, tools, and equipment used when performing an assigned brake service or inspection task;
And

 I am capable of performing the assigned brake service or inspection by reason of experience, training, or both as follow:

 I have successfully completed an apprenticeship program sponsored by a state, Canadian province, federal agency, or labor union, or a training program approved by a state, provincial, or federal agency, or have a certificate from or Canadian province which qualifies me to perform the assigned brake service or inspection task (including passage of Commercial Driver's License air brake tests in the case of a brake inspection);

Or

 I have brake-related training or experience or a combination thereof totaling at least one year. The training consisted of:

 Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection task;

Or

 I have experience performing brake maintenance or inspection similar to the assigned service or inspection task at a commercial garage, fleet leasing company, or similar facility.

Signature of Brake Inspector: Jose Luis Torres At

Date: 9/15/2019

I, _____, understand, under FMCSR 396.25 that no motor carrier shall employ
(Carrier official)
any person as a brake inspector unless evidence of the inspector's qualifications, required under this section, is maintained by the motor carrier at its principal place of business, or at the location at which the brake inspector is employed. The evidence must be maintained for the period during which the brake inspector is employed in that capacity and for one year thereafter. However, motor carriers do not have to maintain evidence of qualifications to inspect air brake systems for such inspections performed by persons who have passed the air brakes knowledge and skills test for a Commercial Driver's License.

Motor Carrier Name: _____ Date: _____

Carrier Official: _____ Title: _____

INSPECTOR QUALIFICATIONS

Certification — 49 CFR — Part 396.19

Motor carriers are responsible for ensuring that individual(s) performing an annual inspection under 396.19 are qualified as follows:

- Understands the inspection criteria set forth in Part 393 and Appendix G and can identify defective components
- Is knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an inspection
- Is capable of performing an inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):
 - I. Successfully completed a State or Federal training program or has certificate from a State or Canadian Province which qualifies the person to perform commercial vehicle safety inspections. Specify:

OR

II. Have a combination of training or experience totaling at least one year as follows (check all that apply):

A. Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance. Where and Date:

Bates Voc. Tech. Tacoma, WA (CBC) '87, '98, 2008

B. 15+ (years) experience as a mechanic or inspector in a motor carrier maintenance program. Name and Date:

W.F. Truck Repair, Kent - Totem Coaches, Edgewood, WA
1983 - 1990 / 1996 - 1998 / 2002 - present

C. 30+ (years) experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility. Name of Facility and Dates:

- Same as Above -

D. _____ (years) experience as a commercial vehicle inspector for a State, Provincial, or Federal Government. Where and Dates:

I certify the above information is true and accurate to the best of my knowledge.

Employee

Gary Miller
Signature of Mechanic/Inspector

June 10, 2012
Date

Motor Carrier/Company

Signature of Employer/Supervisor

Date

Evidence of Inspector Qualifications are on file at:

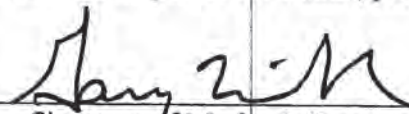
GLM Charter Bus Srvce & Repair, Inc Puyallup, WA

Periodic Inspector Qualification CERTIFICATION

I, Gary L. Miller, hereby certify that I am knowledgeable in the requirements for performing an annual vehicle inspection and I can identify defective components in compliance with the regulations of the U.S. Department of Transportation for annual vehicle inspections contained in 49 CFR Part 396 Appendix G. I hereby agree to comply with all such regulations governing annual vehicle inspections.

A qualified inspector must meet one or more of the following requirements. Please check those applicable.

- Successfully completed a state or federal sponsored training program, which qualifies me to perform a commercial vehicle safety inspection.
- One year of training and/or experience in truck manufacturer or similar commercially sponsored training designed to train in truck operation and maintenance.
- One year experience as a mechanic or inspector in a motor carrier maintenance program.
- One year experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility.
- One year experience as a commercial vehicle inspector for a state, provincial or federal government.



Signature of Mechanic/Inspector

I, Robin L. Miller, hereby certify that Gary L. Miller has met the requirements for a qualified inspector to perform the annual vehicle inspection in compliance with the regulations of the U.S. Department of Transportation for qualified inspectors contained in 49 CFR Part 396.19.

Dated this 10th day of June, 20 12.



Signature of Owner/Supervisor

Maintenance folder bus #181 items #1 and #2

Bus #181

Year – 2005

Make – Van Hool

Model – C2045

VIN - YE2CC16B252046594

Tire size – 22.5

Maint., Schedule:

- A inspection / Service each 90 days (see attached list of checks comprising A service)
- B Inspection and DOT Annual inspection each 6 months (see example B Service)

Maintenance folder bus #9875 items #1 and #2

Bus #9875

Year – 2005

Make – Van Hool

Model – C2045

VIN - YE2CC16B252046577

Tire size – 22.5

Maint., Schedule:

- A inspection / Service each 90 days (see attached list of checks comprising A service)
- B Inspection and DOT Annual inspection each 6 months (see example B Service)

GLM Charter Bus Service and Repair

Serving the transportation needs of the greater puget sound area and beyond

5104 85th Ave E #B5 Puallup, WA 98371 Shop: 253-922-9221 Cell: 253-906-5522

5000 Mile (A) Inspection
 Carrier Blessed Lmo RO# 50078
 Unit 9785 Date 1/25/11 Odometer NA VIN 52046507 LIC 13375K

*******Inside Inspection*******

- | | |
|---|--|
| <p>Sat Unsat</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> All Interior Lights <input checked="" type="checkbox"/> <input type="checkbox"/> Passenger seat condition & overhead rack <input checked="" type="checkbox"/> <input type="checkbox"/> All glass for cracks/damage (e.g. wiper @ windshield) <input checked="" type="checkbox"/> <input type="checkbox"/> Check fire extinguisher <p>*****Driver's Area*****</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> Horns <input checked="" type="checkbox"/> <input type="checkbox"/> Watch your step sign <input checked="" type="checkbox"/> <input type="checkbox"/> Standee line <input checked="" type="checkbox"/> <input type="checkbox"/> PA system <input checked="" type="checkbox"/> <input type="checkbox"/> Air leak-gauge drop <input type="checkbox"/> <input type="checkbox"/> Low air buzzer & light activate @ 60-70 psi <input type="checkbox"/> <input type="checkbox"/> Emergency application must apply 60psi or above (except DD3 system) <input type="checkbox"/> <input type="checkbox"/> Brake leak down test with 100 psi or greater hold pedal at full application for 1 minute <p style="text-align: center;">Air pressure MUST NOT drop more than 3 psi</p> | <p>Sat Unsat</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> Emergency Windows & Hatches <input checked="" type="checkbox"/> <input type="checkbox"/> Clean exhaust fan screen in restroom <input checked="" type="checkbox"/> <input type="checkbox"/> Steering freeplay <input checked="" type="checkbox"/> <input type="checkbox"/> Engine stop fast idle <input checked="" type="checkbox"/> <input type="checkbox"/> Lube accel & brake pedal <input checked="" type="checkbox"/> <input type="checkbox"/> Check driver's seatbelt <input checked="" type="checkbox"/> <input type="checkbox"/> Sun visors |
|---|--|

*******Engine Compartment*******

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> Fan, AC and Alternator belts <input checked="" type="checkbox"/> <input type="checkbox"/> Radiator mounts & fan blades <input checked="" type="checkbox"/> <input type="checkbox"/> All fluid levels (oil, trans, coolant) | <ul style="list-style-type: none"> <input type="checkbox"/> <input checked="" type="checkbox"/> Exhaust leaks <input type="checkbox"/> <input checked="" type="checkbox"/> Fluid leaks = TRANS <input type="checkbox"/> <input type="checkbox"/> AC sump oil |
|--|---|

*******Outside Inspection*******

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> All exterior lights <input checked="" type="checkbox"/> <input type="checkbox"/> Wipers & washers <input checked="" type="checkbox"/> <input type="checkbox"/> Mirror (Cracks, loose) <input checked="" type="checkbox"/> <input type="checkbox"/> Check mud flaps | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> Reflectors <input checked="" type="checkbox"/> <input type="checkbox"/> Fuses & triangles <input checked="" type="checkbox"/> <input type="checkbox"/> Back up horns |
|--|---|

*******Tire & Wheel Condition*******

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> Hub oil level/cap condition <input checked="" type="checkbox"/> <input type="checkbox"/> Wheel condition <input checked="" type="checkbox"/> <input type="checkbox"/> Tires | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> Lug nuts <input checked="" type="checkbox"/> <input type="checkbox"/> Axle hub nuts <p>#2 OUT <u>14/32</u> psi <u>G</u> condition</p> <p>RH Axle #1 <u>9/32</u> psi <u>G</u> condition #2 IN <u>2/32</u> psi <u>OOS</u> condition #3 <u>7/32</u> psi <u>G</u> condition</p> <p>LH Axle #1 <u>8/32</u> psi <u>G</u> condition #2 IN <u>3/32</u> psi <u>F</u> condition #3 <u>10/32</u> psi <u>G</u> condition</p> <p>#2 OUT <u>1/32</u> psi <u>OOS</u> condition</p> |
|--|---|

Condition: G+Good F=Fair OOS-Out of service

*******Underside Inspection*******

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> Grease king pins front/tag <input checked="" type="checkbox"/> <input type="checkbox"/> Tie rods & drag link <input checked="" type="checkbox"/> <input type="checkbox"/> Brake hoses-rubbing cracking <input checked="" type="checkbox"/> <input type="checkbox"/> Fuel tank mounts <input checked="" type="checkbox"/> <input type="checkbox"/> Drain air tanks | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> Grease all fittings <input checked="" type="checkbox"/> <input type="checkbox"/> Sway bars & links <input type="checkbox"/> <input checked="" type="checkbox"/> Fluid leaks <input type="checkbox"/> <input checked="" type="checkbox"/> Muffler clamps & connections <input checked="" type="checkbox"/> <input type="checkbox"/> Fuel filters <input checked="" type="checkbox"/> <input type="checkbox"/> Check driveline |
|--|--|

OOS - cracked & leaking

*******Brake Adjustments*******

RH Axle 1 measurement 50% " Axle 2 measurement 60% " Axle 3 measurement 30% "

LH Axle 1 measurement 50% " Axle 2 measurement 60% " Axle 3 measurement 30% "

*******Last*******

- Clean condenser & radiator

Signature [Signature] Print Roman Ruiz

Signature [Signature] Print G. Miller

GLM Charter Bus Service Repair

Serving the transportation needs of the greater puget sound area and beyond
 5104 85th Ave E #B5 Puayllup, WA, 98371 Shop: 253-922-9221 Cell: 253-906-5522

10,000 Mile

Carrier Blessed Lino

(B) Inspection

Unit 9785 Date 1/25/2020 Odometer Invop VIN 46577 RO# 52078
 LIC WA-C18375K

- | | | |
|--|--|--|
| Sat <input checked="" type="checkbox"/> ___ Fuel filter
___ Change oil filter
___ Change oil with <u>WATON 15-40</u> (Type)
___ Oil Analysis 10,000 all types (with type _____) | Sat ___ ___ "C" Inspection
___ ___ "D" Inspection | Sat ___ ___ Engine hours
___ ___ PTO hours
___ ___ A/C Hours
Miles on oil _____ |
|--|--|--|

*****Outside*****

- | | |
|--|--|
| Sat ___ ___ Snow chain condition
___ ___ Extra belts
*****Batteries*****
___ ___ Voltage @ reg board=27.7
___ ___ Battery water level
___ ___ Check and tighten all battery connections
___ ___ Lube rails
*****A/C*****
___ ___ A/C comp sump oil level
___ ___ Freon levels & condenser motors
___ ___ Defroster motors: hi & low speed, vibrations / noise
*****Undercoach*****
___ ___ Check Fuel tanks for leaks
___ ___ Front wheel-loose brg. & king pin
___ ___ Inspect air bellows-rubs & cracks
___ ___ Inspect radius rod bushing/ bolt/ shock
___ ___ Pull floors and inspect top of engine, transmission, etc
*****Steam Clean*****
___ ___ Engine Compartment
___ ___ A/C condenser & compartment | Sat ___ ___ Grease fittings-idler pulleys
___ ___ Bay doors-loose nuts, bolts, struts & cables
___ ___ Battery with Hydrometer
___ ___ Check equalizer
___ ___ Load test batteries
___ ___ Bow out evaporator filter
___ ___ A/C comp-excess vibration
___ ___ A/C comp lines-freon leakage
___ ___ Evaporate motor
___ ___ Grease all fittings
___ ___ Check all engine & trans mounts
___ ___ Check all water pipes for rubbing
___ ___ Remove magnetic plug on differential
& report excess metal on plug
___ ___ Radiators |
|--|--|

Signature [Handwritten Signature]
 Signature _____

Print Rougan Ruiz
 Print G. Miller

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
DATE	

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/>) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED

ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE
1. BRAKE SYSTEM a. Service Brakes b. Parking Brake System c. Brake Drums or Rotors d. Brake Hose e. Brake Tubing f. Low Pressure Warning Device g. Tractor Protection Valve h. Air Compressor i. Electric Brakes j. Hydraulic Brakes k. Vacuum Systems				7. STEERING MECHANISM a. Steering Wheel Free Play b. Steering Column c. Front Axle Beam and All Steering Components Other Than Steering Column d. Steering Gear Box e. Pitman Arm f. Power Steering g. Ball and Socket Joints h. Tie Rods and Drag Links i. Nuts j. Steering System			
2. COUPLING DEVICES a. Fifth Wheels b. Pintle Hooks c. Drawbar/Towbar Eye d. Drawbar/Towbar Tongue e. Safety Devices f. Saddle-Mounts				8. SUSPENSION a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. b. Spring Assembly c. Torque, Radius or Tracking Components.			
3. EXHAUST SYSTEM a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment. b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3). c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.				9. FRAME a. Frame Members b. Tire and Wheel Clearance c. Adjustable Axle Assemblies (Sliding Subframes)			
4. FUEL SYSTEM a. Visible leak b. Fuel tank filler cap missing c. Fuel tank securely attached				10. TIRES a. Tires on any steering axle of a power unit. b. All other tires.			
5. LIGHTING DEVICES All lighting devices and reflectors required by Section 393 shall be operable.				11. WHEELS AND RIMS a. Lock or Side Ring b. Wheels and Rims c. Fasteners d. Welds			
6. SAFE LOADING a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway. b. Protection against shifting cargo				12. WINDSHIELD GLAZING Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)			
				13. WINDSHIELD WIPERS Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.			
				List any other condition which may prevent safe operation of this vehicle. _____ _____			

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

Mike England

From: julie@dotchinc.com
Sent: Monday, February 17, 2020 12:04 PM
To: Mike England
Subject: [FWD: Order 40279 was processed successfully.]

----- Original Message -----

Subject: Order 40279 was processed successfully.
From: "The Commercial Vehicle Safety Alliance" <info@cvsa.org>
Date: Sat, February 15, 2020 1:59 pm
To: "mike@dotcompliancehelp.com" <mike@dotcompliancehelp.com>

Thank you for your order, Order #40279.

Click below to view your invoice.

<https://images.membersuite.com/financial/invoice/print?a=21727&i=7BAD43E6-0035-C1EE-D748-68E9C38451B2&l=35108>

Want to view manage your order online?

If you need to check the status of your order, please visit our home page and login to your account:

<https://cvsa.ps.membersuite.com/>

Billing Information

Email Address:

Order Summary

Order #: 40279
Shipping Method:
Grand Total: \$22.50
Amount Paid: \$22.50
Balance Due: \$0.00

Qty	Product	Unit Price	Total
1	April 1, 2018 North American Standard Out-of-Service Criteria (Electronic Publication)	\$22.50	\$22.50
		Subtotal:	\$22.50
		Shipping:	\$0.00
		Taxes:	\$0.00
		Discounts:	\$0.00
		Grand Total:	\$22.50

Thank you for your Order, click below to view your invoice.

<https://images.membersuite.com/financial/invoice/print?a=21727&i=7BAD43E6-0035-C1EE-D748-68E9C38451B2&l=35108>

In trying to help Clussie Bagby in every way I can, I realized he did not have a copy of the CVSA OOS Guide, so went to the CVSA website and ordered one to deliver to him.

Somehow I hit the wrong button and accidentally purchased the OOS guide electronic version and it came up in my email yesterday.

So just now, I took my 2019 OOS guide to the post office and mailed it to Clussie. RCT attached.

Mike England

Mike England, DOT Compliance Help, Inc. - 19 February 2020



Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12/3/19

VEHICLE NUMBER: 181

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: *Chris McLean*

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12/6/19

VEHICLE NUMBER: 181

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: *Quita McCh...*

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver Instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12/13/19

VEHICLE NUMBER: 181

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature Justin McHenry

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12/17/19

VEHICLE NUMBER: 181

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: Curtis McHenry

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12/20/19

VEHICLE NUMBER: 181

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature Curtis McHenry

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CFR 396.11 Requirement

Driver Instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12-27-2019

VEHICLE NUMBER: 9875

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: [Signature]

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 9 months from the date the written report was prepared.) WJTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12-28-2019

VEHICLE NUMBER: 9875

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

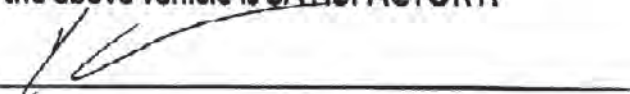
EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is **SATISFACTORY**.

Driver's Signature: 

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver Instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12-30-2019

VEHICLE NUMBER: 9875

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: 

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Instructions to CMV operator: Check any defective item observed or reported to you and give details under "Remarks".

DATE: _____

Vehicle Number: _____

_____ Service brakes

_____ Parking Brake

_____ Steering mechanism

_____ Lighting devices and reflectors

_____ Tires

_____ Horn

_____ Windshield Wipers

_____ Rear View Mirrors

_____ Coupling devices (If applicable)

_____ Wheels and rims

_____ Emergency equipment (fire extinguisher and triangles)

_____ Emergency exits

Next Scheduled service (date) _____

Comments:

Driver signature: _____ date: _____

_____ Above defects corrected

_____ Above defects need not be corrected for safe operation of CMV

Signature of mechanic or motor carrier official: _____ date: _____

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BLESSED TRANSPORTATION

USDOT 2822783
MC 041978

C2045





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BLESSED TRANSPORTATION
NEXT SERVICE DATE
#101 APRIL 25

TRANSPORTATION
SERVICE DATE
APRIL 25

287e

BLESSED TRANSPORTATION
NEXT SERVICE DATE
#9785 APRIL 25

5018 E

9785

BLESSED TRANSPORTATION

USDOT 2822783
MC 041978