

DRIVER'S ROAD TEST EXAMINATION

LAST NAME: Benedetto FIRST NAME: Vincent MI: P (MAIDEN NAME IF APPLICABLE): \_\_\_\_\_

ADDRESS: 15733 35th DR SE

CITY: Bothell STATE: WA ZIP: 98012

TELEPHONE: (H) 425-829-3522 (CELL) \_\_\_\_\_ SPE TESTING SITE STATE: WA

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

- S Pre-trip inspection (As required by Sec. 392.7)
- B Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)
- S Placing the equipment in operation
- S Use of the vehicle's controls and emergency equipment
- S Operating the vehicle in traffic and while passing other vehicles.
- S Turning the vehicle
- S Braking, and slowing the vehicle by means other than braking
- S Backing, and parking the vehicle.
- \_\_\_\_\_ Other, Explain

Type of equipment used in giving test: 1999 Isuzu NPR Box Truck

Date: 3/22/2024 (DD/MM/YYYY) EXAMINER'S NAME (PRINT) Dominic Benedetto

EXAMINER'S NAME (SIGNATURE) [Signature]

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: Very well done.

**CERTIFICATE OF DRIVER'S ROAD  
TEST**

**Instructions:** If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

**CERTIFICATION OF ROAD  
TEST**

DRIVERS LAST NAME: Benedetto FIRST NAME: Vincent MI: P

(MAIDEN NAME IF APPLICABLE): \_\_\_\_\_

Social Security Number 536-43-0587

Operator's or Chauffeur's License Number: WDL 7229 B603B

State of Issuance: Washington

Type of Power Unit: Isuzu Box truck

Type of Trailer(s): None

If Passenger carrier, type of Bus: \_\_\_\_\_

This is to certify that the above-named driver completed a road test under my supervision on 9/22/2021 (DD/MM/YYYY) consisting of approximately: 5 miles of driving.

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

Examiner's Name (Print): Dominic Benedetto

Examiner's Name (Signature): [Signature]

Title: Co-owner

State Test Site: Washington

Organization and Address of Examiner: Let's Move LLC 2720 Rucker Ave,  
Everett WA 98201

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in [49 CFR 391.21](#).

## DRIVER EMPLOYMENT APPLICATION

[COMPANY NAME, ADDRESS, PHONE NUMBER, AND EMAIL]  
An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME	Vincent	MIDDLE NAME	Paul	LAST NAME	Benedetto
PHONE	425 879 3509	EMAIL	Vinnie.Benedetto		
DATE OF BIRTH	9/23/1999	SOCIAL SECURITY #	536-43-0581		
DATE OF APPLICATION	4/4/2024	POSITION APPLIED FOR	Driver	DATE AVAILABLE FOR WORK	4/4/2024

Do you have legal right to work in the United States?  YES  NO

PREVIOUS THREE YEARS RESIDENCY					
Attach additional sheet if more space is needed					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT	18733 35 <sup>th</sup> DR SE	Botwell	LA	98012	2+
MAILING	18733 35 <sup>th</sup> DR SE	Botwell	LA	98012	2+
PREVIOUS	3511 176 <sup>th</sup> PL SE	Marysville	WA	98208	1 yr
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
WA	WDL 72290603D	9	None	04/23/2027
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK	Box	1/1/2020	4/4/24	10,000
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)
8/23	Rear end, 14y Road	0	0	N

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

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
2/22	stoplight, No turn on red	WA	\$200
4/22	speeding, 78 in a 70	WA	\$250

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO  
If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO  
If yes, explain

**EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME	Let's Move LLC		PHONE	425-522-0683	
ADDRESS	2720 Ducker Ave				
POSITION HELD	Co-owner	FROM MO/YR	1/22	TO MO/YR	Nov
REASON FOR LEAVING	N/A			SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)	N/A				

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**SECOND (MOST RECENT) EMPLOYER**

NAME		PHONE	
ADDRESS			
POSITION HELD	FROM MO/YR	TO MO/YR	SALARY
REASON FOR LEAVING		EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**THIRD (MOST RECENT) EMPLOYER**

NAME		PHONE	
ADDRESS			
POSITION HELD	FROM MO/YR	TO MO/YR	SALARY
REASON FOR LEAVING		EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School	Henry M. Jackson	2014-2014	2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NICE
College	WVU	2014-2020	2016-2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dropped out
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER QUALIFICATIONS**

Please list any other qualifications that you have and which you believe should be considered.

**TO BE READ AND SIGNED BY APPLICANT**

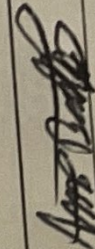
authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other 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 interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		
Applicant Name (printed)	Vincent Benedetto	
		Date
		4/4/2024

**ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS**

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

Benedetto Vincent, P  
DRIVER NAME: LAST, FIRST, MI  
 536-43-0557  
SOCIAL SECURITY NUMBER  
 2/2/22  
DATE OF EMPLOYMENT  
 Everett WA  
HOME TERMINAL (CITY AND STATE)  
 W12 7229 B60313  
DRIVER'S LICENSE NUMBER  
 WA  
STATE  
 09/23/2027  
EXPIRATION DATE

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Check this box if you have had no violations in the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
4/22	Speeding, 28 in a 70	Starbird Road	Personal pickup
2/22	red light, no right on red	Lynnwood	Personal pickup

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

4/4/24  
DATE  
  
DRIVER'S SIGNATURE

**ANNUAL REVIEW OF DRIVING RECORD**

**MOTOR CARRIER INSTRUCTIONS:** Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete information below.

I have reviewed the driving record of the above-named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15 Actions taken with driver:

Let's Move LLC  
MOTOR CARRIER NAME  
 2720 Dukker Ave, Everett WA  
MOTOR CARRIER ADDRESS

Dominic Benedetto  
REVIEWER PRINTED NAME  
  
REVIEWER SIGNATURE  
 Co-owner  
TITLE  
 4-4-24  
DATE OF REVIEW