

### DRIVER QUALIFICATION FILE CHECKLIST 391.51

1. <input checked="" type="checkbox"/> <b>Driver's Application for Employment</b> - A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment. NOTE: The application form must, as a minimum, contain the information in 391.21(b).	49 CFR, 391.21
2. <input checked="" type="checkbox"/> <b>Driver Investigative History File</b> ** - Documentation required by CFR Part 391.23 regarding the driver's Safety Performance History. Refer to Page #75. <i>mailed 2/8/17</i>	49 CFR, 391.53
3. <input checked="" type="checkbox"/> <b>Inquiry to State Agencies</b> - An investigation into the employee's driving record for the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.	49 CFR, 391.21(a) (1) & (b)
4. <input checked="" type="checkbox"/> <b>Annual Review of Driving Record.</b> At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the driver's qualification file. At least once every 12 months, a motor carrier must make an inquiry into the driving record of each driver.	49 CFR, 391.25
5. <input checked="" type="checkbox"/> <b>Annual Driver's Certification of Violations.</b> At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months.	49 CFR, 391.27
6. <input type="checkbox"/> <b>Driver's Road Test and Certificate</b> (or equivalent). A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate that the motor carrier accepted as equivalent to the driver's road test, pursuant to section 391.33	49 CFR, 391.31 & 33
7. <input checked="" type="checkbox"/> <b>Non-CDL Drivers &amp; Self-Certified Intrastate CDL Drivers. Medical Examiner's Certificate.</b> The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A driver must be issued a medical examiner's certificate, which must be carried at all times, and renewed at least every two years. A copy of the medical certificate must be kept in the driver file. <i>Scheduled 2/10/17</i>	49 CFR, 391.42 & 45 & 51
<input type="checkbox"/> <b>CDL Drivers (Interstate Only). Medical Examiner's Certificate.</b> The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. <del>A valid medical certificate can be used up to 15 days after issuance. After 15 days, the CDLIS motor vehicle record obtained from the current licensing state must be in the driver qualification file.</del>	See Exception Page 70
8. <input type="checkbox"/> <b>LCV Certificate of Training or Certificate of Grandfathering.</b> A person must not be allowed to drive a LCV until he/she has been issued a LCV Driver-Training Certificate or a LCV Driver-Training Certificate of Grandfathering.	49 CFR, 380.505 & 380.111
9. <input type="checkbox"/> <b>Entry-Level Driver-Training Certificate</b> (CDL Driver only). A person must not be allowed to drive a CMV requiring a CDL without first obtaining the required Entry-Level Driver-Training Certificate.	49 CFR, 380.500
10. <input checked="" type="checkbox"/> <b>Medical Examiner Verification.</b> Carriers must maintain in the driver's qualification file a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners.	49 CFR, 391.23(m)

**\*The prospective motor carrier must:**

- Inform the applicant that the information provided on the application concerning previous employers may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history.
- Notify the driver in writing of his/her due process rights (see Due Process Rights in 391.23).

\*\* Records must be maintained in secured location with controlled access.

2017 APR -3 AM 9:11  
RECORDS MANAGEMENT  
STATE OF WASHINGTON  
UTILITIES AND TRANSPORTATION COMMISSION

# APPLICATION FOR EMPLOYMENT

COMPANY EAST COUNTY SERVICE CO. STREET ADDRESS 276 Sky River Parkway

CITY, STATE AND ZIP CODE Monroe WA 98272

APPLICANT'S NAME Lenhardt Edward GUBALA  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS [REDACTED] [REDACTED] [REDACTED] HOW LONG? 5 years  
(Street) (City) (State and Zip Code)

DATE OF BIRTH [REDACTED] PHONE [REDACTED] SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1				
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA	[REDACTED]	Enhanced	8/14/2021

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	VAN, FLAT	2005	2008	300
TRACTOR/SEMI-TRAILER	Semi TRAILER	1990	2008	1000
TRACTOR/2 TRAILERS				
OTHER:	Fork LIFT	2011	2015	2500

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
	None		

(Form 2 Rev. 10-2001)



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

LOCATION	DATE	CHARGE	PENALTY
NONE			

(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 X
- B. Has any license, permit, or privilege ever been suspended or revoked? YES X NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

**EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)**

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME ST. Vincent de Paul

ADDRESS 17511 W. MAUR ST MONROE WA

POSITION HELD Sales Associate FROM 2011 TO 2015 SALARY 11.05 HR

REASON FOR LEAVING Released because of LEI issues

Subject to Federal Motor Carrier Safety Regulations YES \_\_\_\_\_ NO X

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO X

SECOND LAST EMPLOYER NAME TOWN of INDEX ANAMEL CONTROL OFFICE \$

ADDRESS P.O. Box 88, INDEX, WA 98256

POSITION HELD ACO Deputy town Clerk FROM 2016 TO Present SALARY 20.00 HR / 16.00 HR

REASON FOR LEAVING Still Employed

Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO X

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO X

THIRD LAST EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

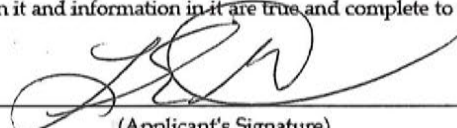
Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO \_\_\_\_\_

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that 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.

2/5/17  
(Date)

  
(Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)

## VIOLATION AND REVIEW RECORD

Driver's Name \_\_\_\_\_

Employee Number \_\_\_\_\_

### 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

Operator's License: (Revoked, Suspended, or Withdrawn) _____ Date: _____ Restored: _____		
License Number: _____	State _____	Date: _____

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

[Signature]  
Driver's Signature

2/3/17  
Date

[Signature]  
Reviewed by: Signature

Program Coordinator  
Title

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Motor Carrier's

### REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/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 additional room was necessary).

[Signature]  
Reviewed by: Signature

Program  
Title  
Coordinator

2/3/17  
Date

(Form 9 - Rev. 10-2001)



East County Senior Center  
276 Sky River Parkway  
P.O. Box 602  
Monroe, WA 98272

E C S C

SEATTLE WA 980

09 FEB 2017 PM 2 L



UTP  
NIXIE

St. Vincent de Paul  
Attn: Gammie Schwartz  
17511 W M  
Monroe, WA

NIXIE 326 4E 1 0102/16/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

UTF BC: 98272060202 \*1826-01894-09-41





**Driving Record - [REDACTED]**

**Abstract of Complete Driving Record**  
This information is current as of 2/17/2017 3:52:14 PM

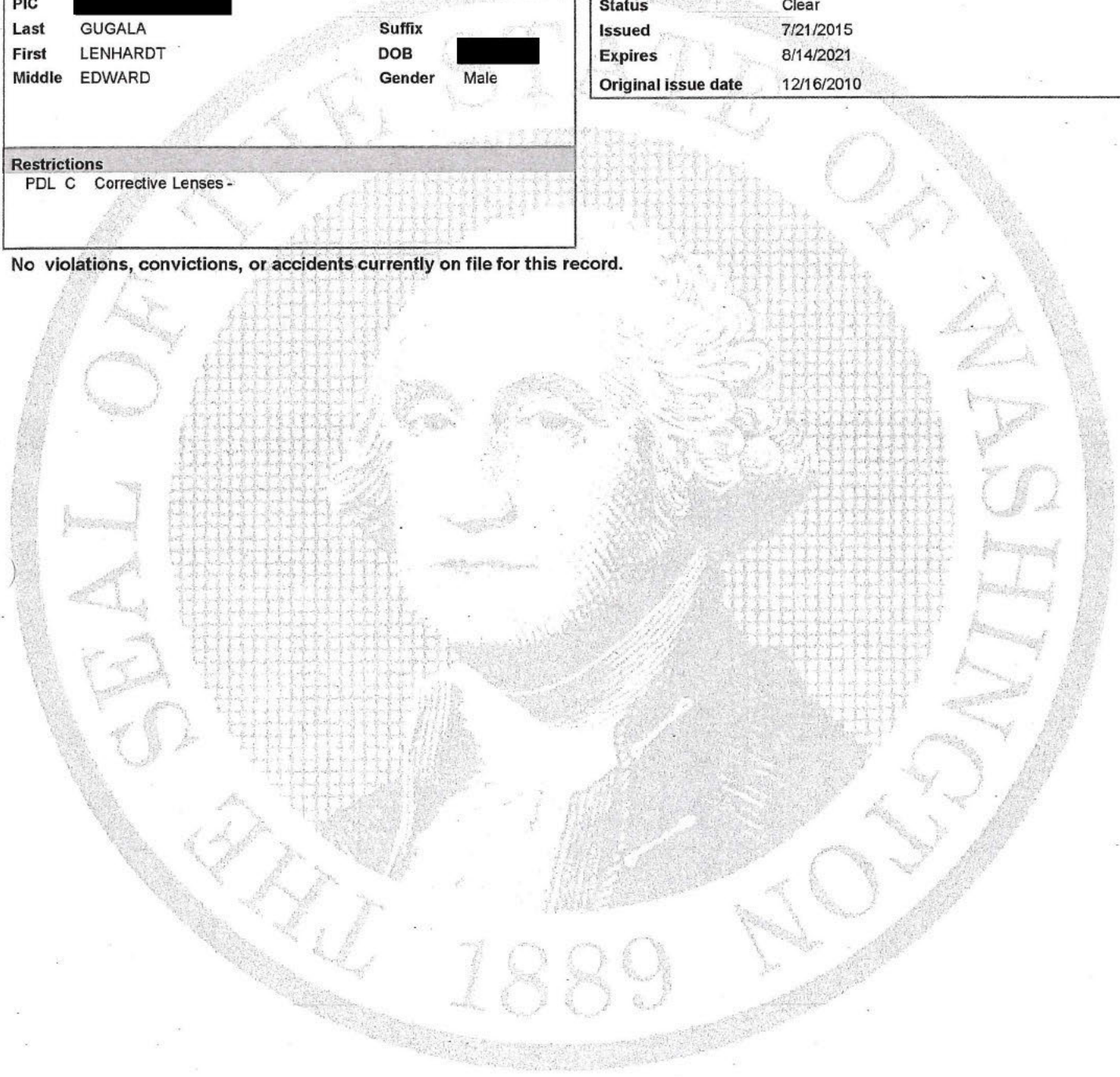
Driver information	
PIC	[REDACTED]
Last	GUGALA
First	LENHARDT
Middle	EDWARD
Suffix	
DOB	[REDACTED]
Gender	Male

Restrictions
PDL C Corrective Lenses -

Driver license status	
Status	Clear
Issued	7/21/2015
Expires	8/14/2021
Original issue date	12/16/2010

No violations, convictions, or accidents currently on file for this record.



## Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: East County Senior Center

Agent business name if acting on behalf of the company for employment purposes: \_\_\_\_\_

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, Lenhardt E Gugala, am an employee, prospective employee, or volunteer of  
Your name  
 the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name (First, Middle, Last) <u>Lenhardt E Gugala</u>	Date of birth (mm/dd/yyyy) [REDACTED]	WA driver license number [REDACTED]
Employee/Prospective employee/Volunteer signature 	Date signed <u>02/08/17</u>	

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney’s fees, arising from any incorrect or improper disclosure of individual names or addresses under this “Release of Interest;” any defects in any of Company’s procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the company named below.

Company name <u>East County Senior Center</u>	Authorized representative name <u>Kate Miller</u>	Title <u>Program Coordinator</u>
Address <u>PO Box 602, 276 Sky River Parkway, Monroe, WA 98272</u>		

2/3/2017, Monroe  
 Date and place (city or county) signed

Authorized representative signature

**NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.**





## Driving Record Request

Use this form to request a driving record. We will send the record to you or the individual or company you indicate below. Mail this request and a **\$13 non-refundable fee for each record requested** in a check or money order payable to Department of Licensing to:

**Driver Records**  
**Department of Licensing**  
**PO Box 3907**  
**Seattle, WA 98124-3907**

For validation only

106-060-421-0005

If requesting a driving record for an employee, prospective employee, or volunteer, you must receive from them an **Abstract of Driving Record Release of Interest** (form DSC-425-020). Keep this Release of Interest in your files. **DO NOT MAIL** it to us.

Allow 2 weeks for processing. If you have additional questions, contact customer service at (360) 902-3900, option 6.

### Requestor information

PRINT or TYPE Requestor name East County Senior Center		(Area code) Daytime telephone number (360) 794-6359
How would you like the driving record(s) sent? ( <b>Choose one</b> ) <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (one record only)*		*We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.
Email or (Area code) Fax number delivery information programs@eastcountyseniorcenter.org		
U.S. mail delivery (Individual/Company name)		
Mailing address (Street address or PO Box, City, State, ZIP code)		

### Drive records requested

PRINT or TYPE Name (Last, First, Middle initial) Gugala, Lenhardt E	
Date of birth [REDACTED]	Washington driver license number [REDACTED]
Type of record requested ( <b>If more than one record type selected, include \$13 for each additional record</b> ) Insurance records show violations, convictions, and accidents only. Other drive records show all traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records: <input type="checkbox"/> <b>Noncommercial insurance record (3 year)</b> —Used to create and renew vehicle insurance policies. <input type="checkbox"/> <b>Commercial insurance record (3 year)</b> —Used to create and renew commercial vehicle insurance policies. <input type="checkbox"/> <b>Life insurance record (3 year)</b> —Used to create and renew life insurance policies. <input type="checkbox"/> <b>Employment record</b> —Used by employers to determine employment eligibility. <input type="checkbox"/> <b>Volunteer/Transit record</b> —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled. <input checked="" type="checkbox"/> <b>Complete record</b> —A complete driving record of the person named on the driving record.	

**SIGN OR TYPE YOUR NAME** – By signing or typing your name, you are certifying under penalty of perjury that you are entitled by federal or state laws to obtain an abstract of the driver record of the individual requested. RCW 46.52.130, 18 USC Chapter 123

02/03/2017

Date and place (city or county) signed


  
Signature

If requesting additional drive records, attach separate sheets using the same format as above. Include \$13 for each record requested.



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) Leonard E GOGALA [Redacted] [Redacted]  
 First M.I. Last Social Security Number  
 Hereby authorize: [Redacted] Date of Birth  
 OTHER  
 Previous Employer: Town of Index Email: \_\_\_\_\_  
 Street: 500 Ave A Telephone: 360-793-2488  
 City, State, Zip: INDEX WA 98256 Fax No.: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_ (employment application date)

To: Prospective Employer: \_\_\_\_\_  
 Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

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, email, or letter.

Prospective employer's fax number: \_\_\_\_\_  
 Prospective employer's email address: 500 Ave A. INDEX WA 98256  
 \_\_\_\_\_ 2/8/2017  
 Applicant's Signature Date

This information is being requested in compliance with §40.25(g) and 391.23.

**PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**  
 The applicant named above was employed by us. Yes  No   
 Employed as deputy clerk / animal control from (m/y) \_\_\_\_\_ to (m/y) Current

1. Did he/she drive motor vehicle for you? Yes  No  If yes, what type? Straight Truck  Tractor-Semitrailer   
 Bus  Cargo Tank  Doubles/Triples  Other (Specify) Snow plow + pick-up for animal transport

2. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty   
 If there is no safety performance history to report, check here , sign below and return. - still employed

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check  here if there is no accident register data for this driver.

Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. <u>N/A</u>	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_  
N/A

Any other remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: Ashley  
 Title: Clerk/Treasurer Date: 2/14/17

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input checked="" type="checkbox"/>, fill in the dates of employment from <u>9/16</u> to <u>current</u>, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from <u>N/A</u> to <u>N/A</u>.</p>	
<ol style="list-style-type: none"> <li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></li> <li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></li> <li>5. If this person has violated a DOT drug and 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 back with this form. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></li> <li>6. For a driver who successfully completed 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/></li> </ol>	
<p>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 on page 1.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input checked="" type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: <u>Kate</u> Date: <u>2/8/17</u></p>	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1: Prospective Employee**
  - Complete the information required in this section
  - Sign and date
  - Submit to the Prospective Employer
- PAGE 2 PART 4a: Prospective Employer**
  - Complete the information
  - Send to Previous Employer
- PAGE 1 PART 2: Previous Employer**
  - Complete the information required in this section
  - Sign and date
  - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3: Previous Employer**
  - Complete the information required in this section
  - Sign and date
  - Return to Prospective Employer
- PAGE 2 PART 4b: Prospective Employer**
  - Record receipt of the information
  - Retain the form





E C S C

# *East County Senior Center*

PO Box 602 276 Sky River Parkway  
Monroe, WA 98272

(360) 794-6359  
Fax(360) 794-0570

February 8, 2017

Dear Town of Index,

Please complete sections two and three of the enclosed documents in order for us to be in compliance with the Utilities and Transportation Commission regulations.

If you have any questions, please feel free to call me,

Sincerely,

Kate Miller  
Program Coordinator  
East County Senior Center.



E C S C

# *East County Senior Center*

PO Box 602 276 Sky River Parkway  
Monroe, WA 98272

(360) 794-6359  
Fax(360) 794-0570

February 8, 2017

Dear St. Vincent DePaul,

Please complete sections two and three of the enclosed documents in order for us to be in compliance with the Utilities and Transportation Commission regulations.

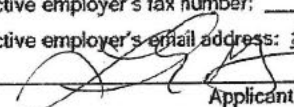
If you have any questions, please feel free to call me,

Sincerely,

Kate Miller  
Program Coordinator  
East County Senior Center.



**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) <u>Leonard E GOGALA</u> <span style="float: right;">[Redacted]</span> First M.I. Last Social Security Number	
Hereby authorize: <span style="float: right;">[Redacted]</span> Date of Birth	
Previous Employer: <u>Town of Index</u> Email: _____ Street: <u>500 Ave A</u> Telephone: <u>360-793-2488</u> City, State, Zip: <u>INDEX WA 98256</u> Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
To: Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____	
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, email, or letter.	
Prospective employer's fax number: _____ Prospective employer's email address: <u>500 AVE A. INDEX WA 98256</u>	
 <span style="float: right;">Date: <u>2/8/2017</u></span> Applicant's Signature	
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER			
<b>ACCIDENT HISTORY</b>				
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employed as _____ from (m/y) _____ to (m/y) _____				
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____				
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.				
<b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.				
Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____				
Any other remarks: _____ _____ _____				
Signature: _____ Title: _____ Date: _____				

**PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3**

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> <li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>5. If this person has violated a DOT drug and 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 back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>6. For a driver who successfully completed 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 <input type="checkbox"/> NO <input type="checkbox"/></li> </ol>	
<p>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 on page 1.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input checked="" type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: <u>Kate Miller</u> Date: <u>2/2/17</u></p>	

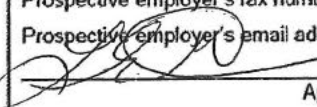
<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<p><b>PAGE 1 PART 1: Prospective Employee</b></p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Submit to the Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4a: Prospective Employer</b></p> <ul style="list-style-type: none"> <li>• Complete the information</li> <li>• Send to Previous Employer</li> </ul> <p><b>PAGE 1 PART 2: Previous Employer</b></p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Turn form over to complete SIDE 2 SECTION 3</li> </ul>	<p><b>PAGE 2 PART 3: Previous Employer</b></p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Return to Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4b: Prospective Employer</b></p> <ul style="list-style-type: none"> <li>• Record receipt of the information</li> <li>• Retain the form</li> </ul>
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**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) <u>Leonard E GOGALA</u> <span style="float: right;">[Redacted]</span> <small>First M.I. Last Social Security Number</small>	
Hereby authorize: _____ <small>Date of Birth</small>	
Previous Employer: <u>St. Vincent de Paul</u> Email: _____ Street: <u>17511 W. MAW ST</u> Telephone: _____ City, State, Zip: <u>MONROE WA 98272</u> Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <small>(employment application date)</small>	
To: Prospective Employer: <u>St. Vincent de Paul</u> Attention: <u>Jammie Schwartz</u> Telephone: _____ Street: <u>17511 W. MAW ST</u> City, State, Zip: <u>MONROE WA 98272</u>	
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, email, or letter.	
Prospective employer's fax number: _____ Prospective employer's email address: _____	
 Applicant's Signature	<u>2/8/17</u> Date
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER			
<b>ACCIDENT HISTORY</b>				
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employed as _____ from (m/y) _____ to (m/y) _____				
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____				
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.				
<b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.				
Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____				
Any other remarks: _____ _____ _____				
Signature: _____ Title: _____ Date: _____				

**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> <li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 407? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>5. If this person has violated a DOT drug and 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 back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>6. For a driver who successfully completed 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 <input type="checkbox"/> NO <input type="checkbox"/></li> </ol>	
<p>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 on page 1.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input checked="" type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: <u>Kate Miller</u> Date: <u>2/18/17</u></p>	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<p><b>PAGE 1 PART 1: Prospective Employee</b></p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Submit to the Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4a: Prospective Employer</b></p> <ul style="list-style-type: none"> <li>Complete the information</li> <li>Send to Previous Employer</li> </ul> <p><b>PAGE 1 PART 2: Previous Employer</b></p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Turn form over to complete SIDE 2 SECTION 3</li> </ul>	<p><b>PAGE 2 PART 3: Previous Employer</b></p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Return to Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4b: Prospective Employer</b></p> <ul style="list-style-type: none"> <li>Record receipt of the information</li> <li>Retain the form</li> </ul>
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LEN GUGALA

**CERTIFICATION OF ROAD TEST**

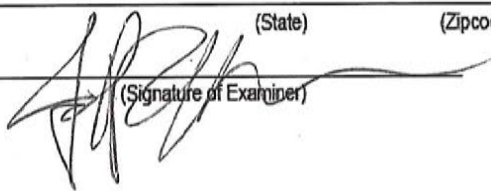
Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above-named driver was given a road test under my supervision on 2/10/17 consisting of approximately 3 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.

EAST COUNTY SENIOR CENTER  
(Carrier Name)

P.O. Box 602 Monroe WA 98272  
(Carrier Address) (City) (State) (Zipcode)

JACOB MCCOY  
(Name of Examiner)

  
(Signature of Examiner)

DRIVER'S ROAD TEST EXAMINATION

Driver's Name Lehnardt GULALY Phone [REDACTED]  
 Driver's Address [REDACTED]  
 City [REDACTED] State WA Zip Code [REDACTED]

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 1-5 5= highest

- 5 The pretrip inspection. (As required by Sec. 392.7)
  - N/A Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
  - 5 Placing the equipment in operation.
  - 5 Use of vehicle's controls and emergency equipment.
  - 5 Operating the vehicle in traffic and while passing other vehicles.
  - 5 Turning the vehicle.
  - 5 Braking, and slowing the vehicle by means other than braking.
  - 5 Backing, and parking the vehicle.
- Other, Explain: \_\_\_\_\_

Type of equipment used in giving test: BUS

Date 2-10-2017 Examiner's Signature [Signature]

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks \_\_\_\_\_

**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 Officer, Federal Motor Carrier Safety Administration, MC-RRA, 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:** GUGALA **First Name:** LENHARDT 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)  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: **02/10/2019**

Medical Examiner's Signature: 

Medical Examiner's Name (please print or type): **MICHAEL L BROWN, MD**

Medical Examiner's Telephone Number: **360-568-1541**

Date Certificate Signed: **2/10/2017**


Medical Examiner's State License, Certificate, or Registration Number: **MD00023171**

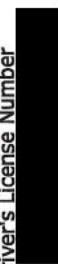
Issuing State: **WA**

National Registry Number: **4867001168**


MD  Physician Assistant  Advanced Practice Nurse


DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_

Driver's Signature: 


Driver's License Number: 

Issuing State/Province: **Washington**

Driver's Address: 

City: 

State/Province: **WA**

Zip Code: 

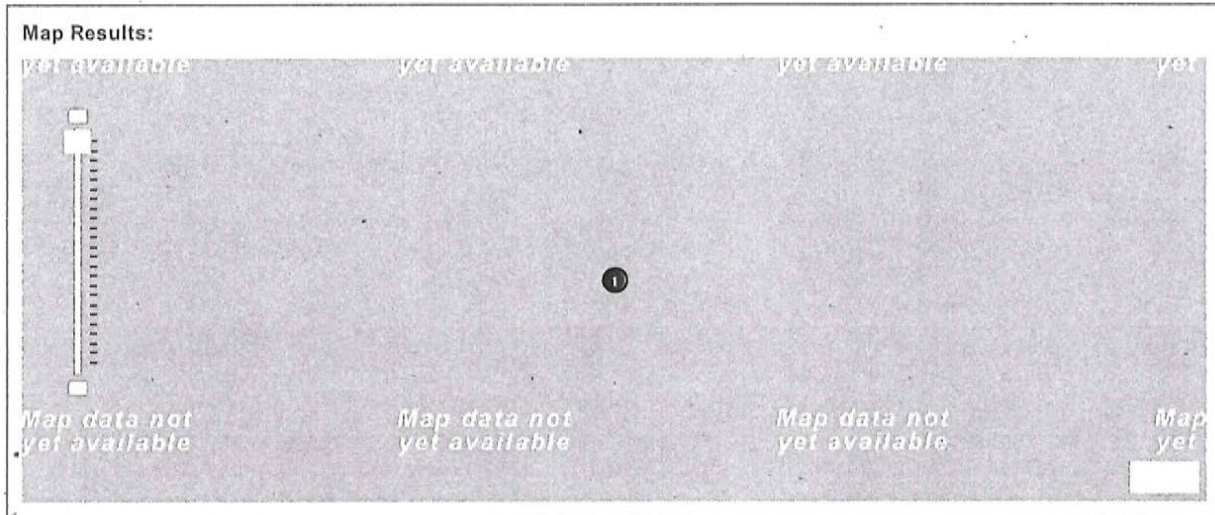
CLP/CDL Applicant/Holder:  Yes  No



Home > Medical Examiner Search Results

Print

You searched for Medical Examiners with Michael Brown, NRID #4867001168, Profession: MD, snohomish, WA, Showing Results Page 1 of 1



1 **Michael L Brown**  
 Medical Doctor , National Registry #: 4867001168  
 Certification Date: 4/26/2014

Flightsurgeon.com  
 Employer: Flightsurgeon.com  
 9900 Airport Way, Snohomish, WA, 98296  
 360-568-1541, Ext: 2 , Fax: 206-533-0474  
 Hours of Operation: 10am - 5pm

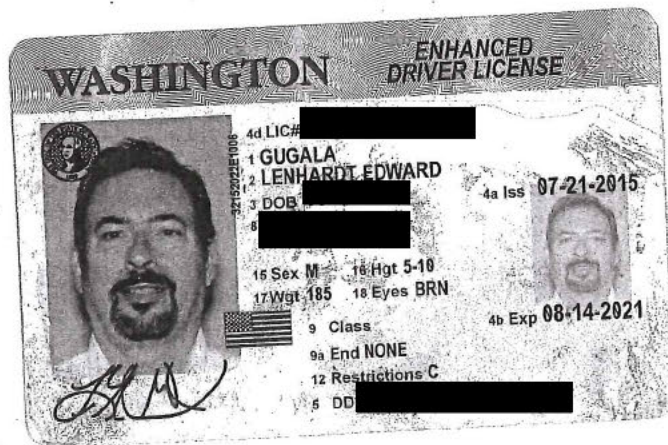
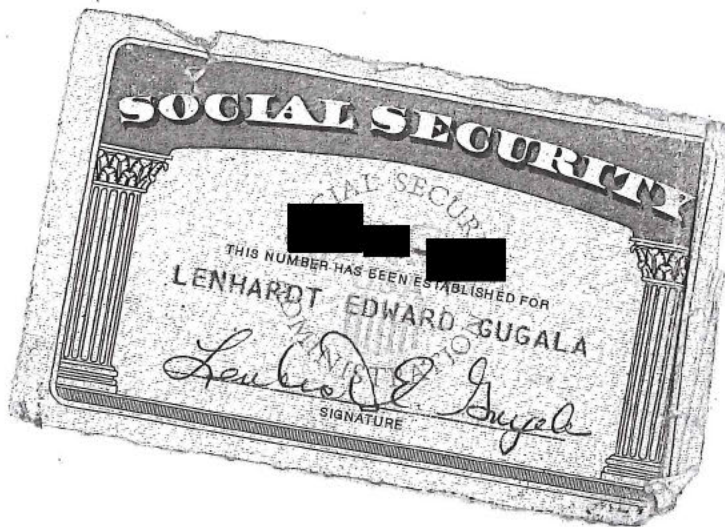
Website | Email | Get Directions

0.4 Miles

Search for Medical Examiner

Last Name	First Name
<input type="text" value="Brown"/>	<input type="text" value="Michael"/>
National Registry ID #	
<input type="text" value="4867001168"/>	
Business Name	
<input type="text"/>	
Employer Name	
<input type="text"/>	
Medical Profession	
<input type="text" value="Medical Doctor (MD)"/>	
City	State
<input type="text" value="snohomish"/>	<input type="text" value="WA"/>
OR	Zip Code
	<input type="text" value="25"/>
	Radius
	<input type="text" value="25"/>
	<input type="button" value="Search"/>









## Driving Record Request

Use this form to request a driving record. We will send the record to you or the individual or company you indicate below. Mail this request and a **\$13 non-refundable fee for each record requested** in a check or money order payable to Department of Licensing to:

**Driver Records**  
**Department of Licensing**  
**PO Box 3907**  
**Seattle, WA 98124-3907**

For validation only

--

106-060-421-0005

If requesting a driving record for an employee, prospective employee, or volunteer, you must receive from them an **Abstract of Driving Record Release of Interest** (form DSC-425-020). Keep this Release of Interest in your files. **DO NOT MAIL** it to us.

Allow 2 weeks for processing. If you have additional questions, contact customer service at (360) 902-3900, option 6.

### Requestor information

<b>PRINT or TYPE</b> Requestor name East County Senior Center		(Area code) Daytime telephone number (360) 794-6359
How would you like the driving record(s) sent? ( <b>Choose one</b> ) <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (one record only)*		*We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.
Email or (Area code) Fax number delivery information programs@eastcountyseniorcenter.org		
U.S. mail delivery (Individual/Company name)		
Mailing address (Street address or PO Box, City, State, ZIP code)		

### Drive records requested

<b>PRINT or TYPE</b> Name (Last, First, Middle initial) Gugala, Lenhardt E	
Date of birth [REDACTED]	Washington driver license number [REDACTED]
Type of record requested ( <b>If more than one record type selected, include \$13 for each additional record</b> ) Insurance records show violations, convictions, and accidents only. Other drive records show all traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records:	
<input type="checkbox"/> <b>Noncommercial insurance record (3 year)</b> —Used to create and renew vehicle insurance policies.	
<input type="checkbox"/> <b>Commercial insurance record (3 year)</b> —Used to create and renew commercial vehicle insurance policies.	
<input type="checkbox"/> <b>Life insurance record (3 year)</b> —Used to create and renew life insurance policies.	
<input type="checkbox"/> <b>Employment record</b> —Used by employers to determine employment eligibility.	
<input type="checkbox"/> <b>Volunteer/Transit record</b> —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.	
<input checked="" type="checkbox"/> <b>Complete record</b> —A complete driving record of the person named on the driving record.	

**SIGN OR TYPE YOUR NAME** – By signing or typing your name, you are certifying under penalty of perjury that you are entitled by federal or state laws to obtain an abstract of the driver record of the individual requested. RCW 46.52.130, 18 USC Chapter 123

02/03/2017

Date and place (city or county) signed

X

Signature

If requesting additional drive records, attach separate sheets using the same format as above. Include \$13 for each record requested.

### Driving Record - GUGALLE454NM

Abstract of Complete Driving Record  
This information is current as of 6/29/2016 4:58:49 PM

Driver Information	
PIC	[REDACTED]
Name	Gugala, Lenhardt Edward
Gender	Male
DOB	[REDACTED]
Restrictions Corrective Lenses	

Driver license status	
Status	Clear
Issued	7/21/2015
Expires	8/14/2021
Original issue date	12/16/2010

No violations, convictions, or accidents currently on file for this record.