

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, Dominic G 536-49-4812 7/2023
DRIVER NAME: LAST, FIRST, MI SOCIAL SECURITY NUMBER DATE OF EMPLOYMENT
Everett, WA WDL6857JSS5B WA 4/6/2032
HOME TERMINAL (CITY AND STATE) DRIVER'S LICENSE NUMBER STATE 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.

Table with 4 columns: DATE, OFFENSE, LOCATION, TYPE OF VEHICLE OPERATED. The table is currently empty.

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.

04/07/2024 DATE
Dominic Benedetto 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:

Empty rectangular box for additional information.

Let's Move LLC 2770 Rucker Ave Everett WA 98201
MOTOR CARRIER NAME MOTOR CARRIER ADDRESS

Dominic Benedetto Co-owner 04/07/24
REVIEWER PRINTED NAME REVIEWER SIGNATURE TITLE DATE OF REVIEW



Driving Record - WDL68S7J553B
 Abstract of Driving Record - Insurance
 This information is current as of 3/30/2023 1:15 PM

CERTIFIED

Driver Information

DLN: WDL68S7J553B
 Last: BENEDETTO
 First: DOMINIC
 Middle: GIOVANNI
 Suffix:
 DOB: 04/06/2002
 Gender: M

Address Information

Address on file

License and ID Details

Intermediate Driver License:
 Status: Licensed
 Issue: 10/06/2018
 Expire: 04/06/2024
 Original issue: 04/06/2018

Restrictions

Description	Lic type	Code
No restrictions		

Endorsements

Description	Code
No endorsements	

Reinstatements

Requirement
No requirements

DLN History

DLN	Start	End
WDL68S7J553B	10/06/2018	
BENEDDG988JF	04/06/2018	10/06/2018

Tickets

Description: 9B - Reg Plate Vio	Finding date: 02/03/2022	Statute:	CMV: No
Violation date: 10/13/2021	Finding: Committed	46.16A.030.5.L	Hazmat: No
Violation #: 1A0658067	Court name: Snohomish County District Court	Electronic ticket: Yes	Fatality: No
			No test:
			Exempt veh: No
			16 Passenger: No
			Amended ACD: Yes

DRIVER'S ROAD TEST EXAMINATION

LAST NAME: Benedetto FIRST NAME: Dominic MI: G (MAIDEN NAME IF APPLICABLE): _____

ADDRESS: 15733 35th DR SE

CITY: Bothell STATE: WA ZIP: 98012

TELEPHONE: (H) 206-734-5444 (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)
- S 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: 16' Box Truck - 1999 Isuzu NPR

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

EXAMINER'S NAME (SIGNATURE) 

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

Remarks: _____

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	1 Dominic	MIDDLE NAME	Giovanni	LAST NAME	Benedetto	
PHONE	206-734-5446	EMAIL	dominic.benedetto@gmail.com			
DATE OF BIRTH	04/06/2002	SOCIAL SECURITY #	536-49-4812			
DATE OF APPLICATION	02/20/2021	POSITION APPLIED FOR	DRIVER		DATE AVAILABLE FOR WORK	ASAP

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	15733 35th DR SE	Bothell	WA	98012	2
MAILING	15733 35th DR SE	Bothell	WA	98012	
PREVIOUS	3511 136th ST NE #201	mansville	WA	97227	1
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	WDL6857 JSSJ B		NONE	04/06/32
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 TRUCK	August ¹²³	Present	5,000
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)
1/2022	Slipped on ice and hit someone in parking lot Slipped on ice and Hit Someone in parking lot	0	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)
10/2021	Reg Plate Violation	WA	\$220

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 (Self Employed)		PHONE	425-522-3683	
ADDRESS	2720 Rucker Ave Everett WA 98201				
POSITION HELD	CO-owner	FROM MO/YR	Oct 2020	TO MO/YR	Present
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	N/A			PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
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	N/A			PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
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 High	Diploma	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
College	Edmonds college	Business	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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

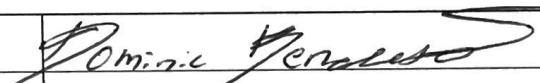
I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other 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		Date	2-20-24
Applicant Name (printed)	Dominic Benedetto		

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: Dominic MI: G

(MAIDEN NAME IF APPLICABLE): _____

Social Security Number 536-49-4812

Operator's or Chauffeur's License Number: WDL7229B603B

State of Issuance: WA

Type of Power Unit: 1999 Isuzu NPR

Type of Trailer(s): N/A

If Passenger carrier, type of Bus: N/A

This is to certify that the above-named driver completed a road test under my supervision on 05/24/24 (DD/MM/YYYY) consisting of approximately: 10 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): Vincent Benedetto

Examiner's Name (Signature): [Signature]

Title: CO-owner

State Test Site: WA

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

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