

Safety Management Plan -SMP

Carrier's Legal name: PNW Moving & Delivery
USDOT: 2919585
Point of Contact: Dmitriy Satir, Owner

Violation #1: Primary: WAC 480-15-550- Operating a commercial motor vehicle without having adequate cargo insurance coverage.

I the owner of the company had insurance through Enterprise and didn't know that it was not enough to be in compliance with the UTC Permit. Truck 4 was in compliance but not truck 5. This is because Enterprise includes its own insurance.

As soon as I was notified that truck 5 was not in compliance with my insurance requirements I had my insurance agent add truck 5 (Vin 3ALACWFC2NDNF1335) effective immediately on February 16th at 1 pm. Attached is an insurance card for trucks 4 and 5.

Now that I am knowledgeable about cargo insurance I will not rely on leased truck insurance to provide cargo insurance.

Your ID Cards

Keep these cards handy—in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

PNW MOVING & DELIVERY LLC
DBA: PNW MOVING & DELIVERY LLC

INSURANCE IDENTIFICATION CARD - WASHINGTON

Policy Number: 07501856-7 NAIC Number: 11770
Effective Date: 11/19/2021 Expiration Date: 05/19/2022
Policy Type: Commercial
Insurer: UNITED FINANCIAL CASUALTY COMPANY 1-800-444-4487
PO BOX 94739 CLEVELAND, OH 44101

Named Insured(s):
PNW MOVING & DELIVERY LLC
DBA: PNW MOVING & DELIVERY LLC

Year: 2019
INSURANCE SOLUTIONS 1-253-588-2525
10209 BRIDGEPT SW B1
LAKEWOOD, WA 98499

Year	Make	Model	VIN
2019	FREIGHTLINER	M2 106	3ALACWFCBNDK90213

Form A022 (03/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

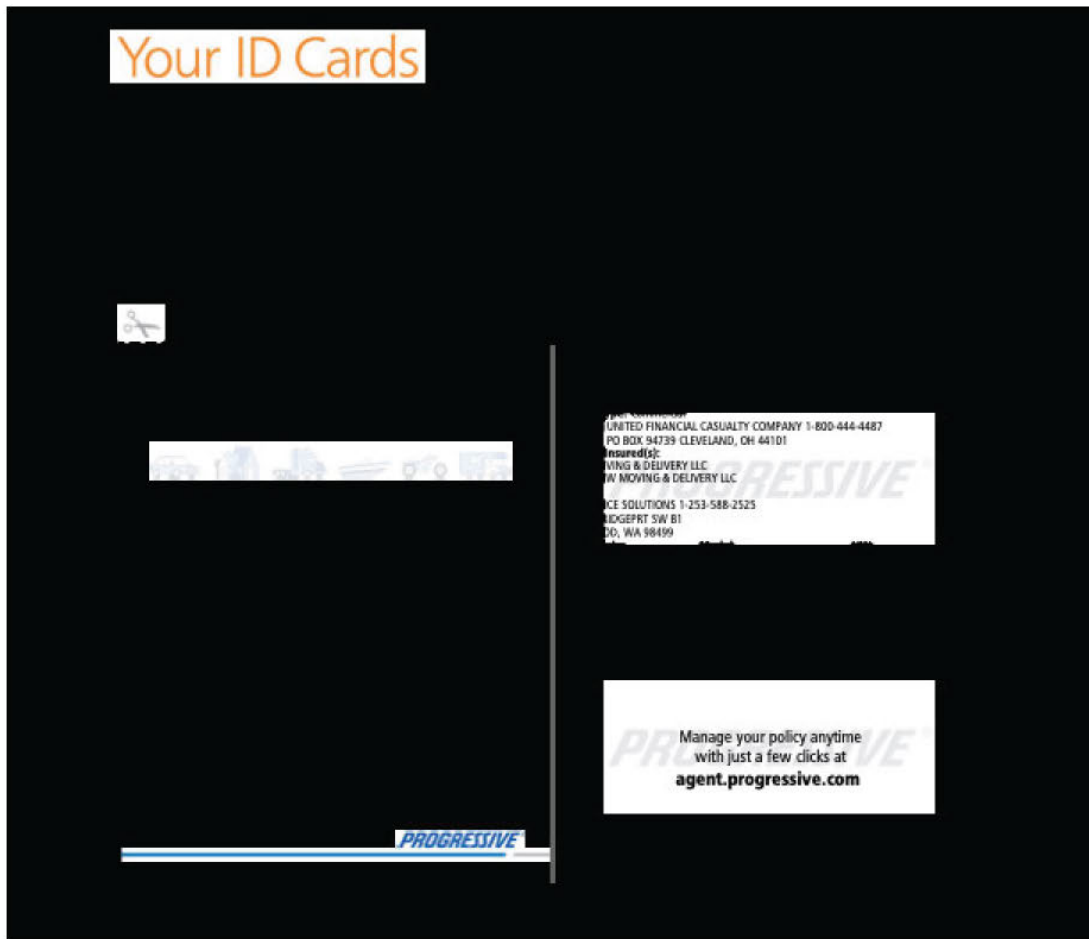
TO REPORT A CLAIM
Call 1-800-274-4299 or go to claims.progressive.com.

PROGRESSIVE

Manage your policy anytime with just a few clicks at progressiveagent.com

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

Truck 4



Violation #2 : Primary: 391.45(a) - Using a driver not medically examined and certified. I the owner failed to make sure the new driver had completed a medical examination, I knew it needed to be done but I didn't make a priority before placing a driver into the truck to drive. And for myself, I didn't write down the correct information in my calendar. I assumed that my health card was valid for two years but it was only one. This caused me to drive without a valid medical certification. Once Cobile, Tracy called to schedule to schedule a meeting I looked and saw that the business was not in compliance.

I got my(Dmitriy Satir) medical examination and certification on 01/31/2022 to correct this for the future when I will be operating the truck and then I will also keep a closer look at the expiration date. For Pavel Arkhipchuck I made it an urgent thing to be completed did his medical examination and certification on 01/31/2022 to correct this immediately.

The hiring process will include a driver qualification checklist that is provided in achieving a satisfactory motor carrier safety record handbook, and a Google event will be scheduled into the company calendar a week before the Medical certification expires.

Form MCSA-5875 OMB No. 2126-0006 Expiration Date: 11/30/2027

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-98A, 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** Satir **First Name** Dmitry 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)

Medical Examiner's Certificate Expiration Date
01/31/2024

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 Signature _____ **Medical Examiner's Telephone Number** (253)475-5908 **Date Certificate Signed** 01/31/2022

Medical Examiner's Name (please print or type) Burns, Carina

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number MD61046603 **Issuing State** WA **National Registry Number** 7512061718

Driver's Signature _____ **Driver's License Number** [REDACTED] **Issuing State/Province** WA

Driver's Address _____ **CLP/CDL Applicant/Holder**

Street Address [REDACTED] **City:** Tacoma **State/Province:** WA **Zip Code:** 98444 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.

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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** Arkhipchuk **First Name** Pavel 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)

Medical Examiner's Certificate Expiration Date
01/31/2024

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 Signature _____ **Medical Examiner's Telephone Number** (253)475-5908 **Date Certificate Signed** 01/31/2022

Medical Examiner's Name (please print or type) Gachoka, Felister

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number AP60223719 **Issuing State** WA **National Registry Number** 1874673071

Driver's Signature _____ **Driver's License Number** [REDACTED] **Issuing State/Province** WA

Driver's Address _____ **CLP/CDL Applicant/Holder**

Street Address: [REDACTED] **City:** Suburn **State/Province:** WA **Zip Code:** 98001 Yes No

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Violation #3: Primary: WAC 480-15-555 - Failing to conduct/retain paperwork containing criminal background checks or hiring an individual with a disqualifying conviction for a household goods carrier in the state of Washington.

This happened because I changed the process of hiring new employees to be completed in the first 30 days. I also didn't make it a priority to complete a background check for full-time and part-time guys.

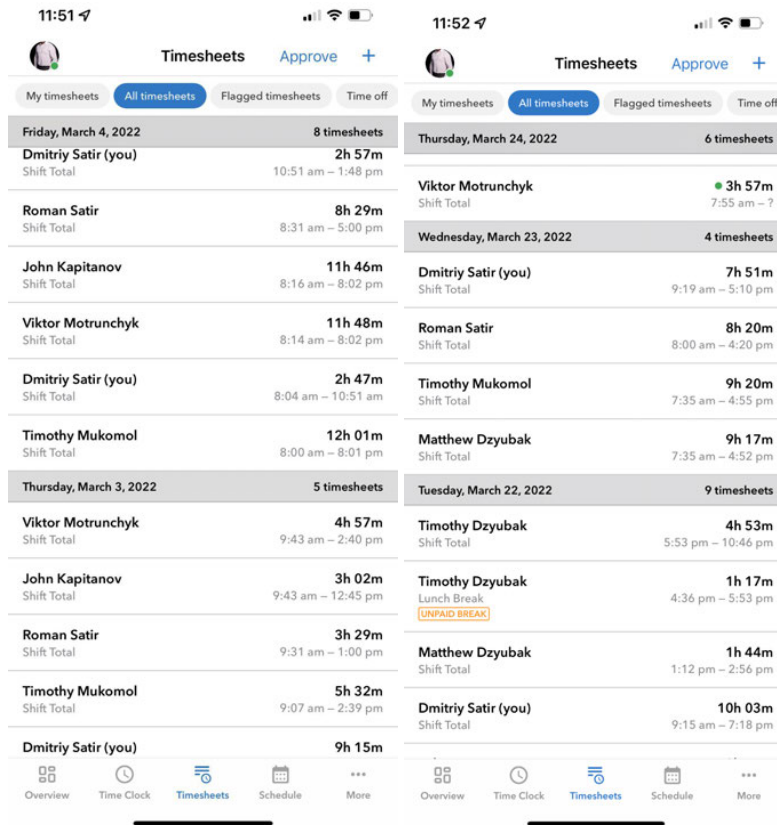
Effective immediately all new hires will not work until the background check is completed.

In the future, the company will complete a background check at the time of hiring a new employee before going on to a job, this will be completed and verified by Dmitriy Satir.

Violation #4: Primary: 395.8(a)(1) - Failing to require driver to make a record of duty status.

This repeat violation happened because the two owners didn't make it their priority to report their hours, we are placed on salary from the business. Not requiring us to report hours to the company.

Effective immediately both owners Dmitriy and Roman will be reporting their duty status through Timekeeping and any other office personnel that might have to drive a truck.



In the future, all personnel that is on salary or drives a comercial truck will record their duty status. And the records will be reviewed weekly by Dmitriy Satir.

Violation #5: Primary: WAC 480-15-590 - The carrier must ensure that all of the conditions of WAC 480-15-590 are met when leasing vehicles.

This happened because Enterprise Leasing Co went digital with their documents, then I failed to print off the document and deleted the email of the Leasing Agreement.

Effective immediately I will start a truck file to collect all necessary information for each truck that will include the original lease agreement. I was also able to recover the lease agreement for truck 4- (ending 0213). The company leases enterprise on a month-to-month basis and does not have a set term for the lease.

In the future, every truck that is added to the fleet will have a truck file that will include the Leasing agreement. The truck leasing agreement and the file will be kept a year after the lease is ended in the PNW Moving and Delivery office.

Truck 4

enterprise

Rental Agreement Summary
 Rate: \$5.99/Day
 Rate: ENTERPRISE RATES FOR MOVING AND DELIVERY
 Time: 7 AM - 10 AM

1 Dates & Times **2 Location**

Pick up	Drop off
Thursday, January 26, 2023 8:20 AM 1001 10th St Seattle, WA 98101-3207 (206) 462-5266	Thursday, January 26, 2023 8:20 AM 1001 10th St Seattle, WA 98101-3207 (206) 462-5266

3 Vehicle

2019 FORD F150 XLT
 License: WA C78943P
 VIN: 1F1P15K8GHE120003
 Vehicle: 762306
 Pickup: 10/26/2021 @ 8:20 AM
 Location: 1001 10th St, Seattle, WA 98101-3207

4 Summary of Charges

Charges	Price/Unit	Total
TITLE & REGISTRATION	\$121.00	\$121.00
SALES TAX	\$121.00	\$121.00
WEAR AND TEAR	\$121.00	\$121.00
EXCESS MILEAGE	\$121.00	\$121.00
Optional Protection Accepted		Included
Optional Protection Declined		
Rate	\$5.99/Day	\$5.99

5 Estimated Rental Charges

6 Taxes and Fees

Vehicle License Fee Recovery	Rate	Amount
Vehicle License Fee Recovery	\$2.00/Day	\$12.00
Washington State Sales Tax	8.2%	\$12.77
Wash State Excise Tax	8.2%	\$12.77
Total Estimated Charges		\$397.47

7 Rental Acknowledgment of Charges

I acknowledge that I have received and agree to all Estimated Rental Charges and fees listed on Summary of Charges and further agree to pay for additional charges as described on the Additional Terms and Conditions of this Contract.

8 Additional Drivers

No Additional Drivers are authorized to drive the vehicle with the exception of the driver listed below:
 Additional driver name and phone # (if applicable)

9 Additional Terms and Conditions

WE OFFER FOR AN ADDITIONAL CHARGE THE FOLLOWING OPTIONAL PRODUCTS: DAMAGE WAIVER, PERSONAL ACCIDENT INSURANCE, SUPPLEMENTAL LIABILITY PROTECTION AND ROADSIDE ASSISTANCE PROTECTION. BEFORE DECIDING TO PURCHASE ANY OF THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE, CREDIT CARD OR OTHER COVERAGE PROVIDES YOU PROTECTION DURING THE RENTAL PERIOD. DAMAGE WAIVER DOES NOT PROVIDE PROTECTION FOR IMPROPER FUELING OR OVERHEAD DAMAGE TO THE PASSENGER COMPARTMENT

OR CONTAINER. FOR A FURTHER DESCRIPTION OF THE PRODUCTS, INCLUDING BENEFITS, RESTRICTIONS AND EXCLUSIONS, PLEASE SEE THE ADDITIONAL TERMS AND CONDITIONS. THEIR PURCHASE IS NOT REQUIRED TO RENT VEHICLE.

RENTER UNDERSTANDS AND AGREES VEHICLE WILL NOT BE OPERATED OR USED IN CANADA, UNLESS PERMISSION TO DO SO IS EXPLICITLY GRANTED HEREIN. PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATES, PROVINCES AND/OR COUNTRIES:

OPERATION IN ANY OTHER STATE, PROVINCE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

RENTER ACKNOWLEDGES AND AGREES:

- In the event the Vehicle's ABS light is illuminated, Renter and/or Authorized Driver will immediately cease operation of the Vehicle and contact Dealer.
- Renter and all Authorized Drivers will inspect the Vehicle's hub oil periodically. In the event it is determined that the hub oil is below the minimum level as indicated on the hubcap window or non-tilt-out or there appears to be a seal leak, Renter and/or Authorized Driver will immediately cease operation of the Vehicle and contact Dealer.

RENTER ACKNOWLEDGES OF LOCAL JURISDICTION

TERMS AND CONDITIONS

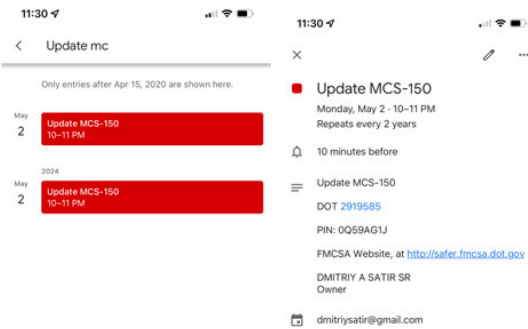
ENTERPRISE RENTAL SYSTEM, LLC
 RENTER ACKNOWLEDGES OF THE ENTIRE CONTRACT

Violation #6: Primary: 390.19(b)(2) - Failing to file the appropriate form under 390.19(a) MCS-150 each 24 months according to the schedule.

I didn't update the address of the physical business and I also didn't update how many drivers and trucks we have at the moment. This happened because I thought it had to be done at the time of the biannual report which is due this year in May

I have logged in to FMCS to update all the info for the business attached is a screenshot that was completed on 02/02/2022

For future updates of addresses and trucks will be completed by Dmitriy Satir, this is tracked by google calendar to be completed annual report.



Violation #7: Primary: 391.21(a) - Using a driver who has not completed and furnished an employment application.

This happened because(Dmitriy) and Roman are the business owners and didn't fill out an application for employment. And for Pavel, started working with us as casual labor and then moved up to become a driver. So I just never thought to have him fill it out and then when I had him fill it out I didn't go through to make sure that it was completely filled out.

On March 2nd I, unfortunately, had to let go of Pavel, for that reason I am not able to furnish his application. But for Roman and me(Dmitriy)I have the application completely finished. And it is going to be included in our furnished driver file.

Future new hires will get their DQ file completed before driving a truck, Dmitriy will check if the application is fully filled out, and then check it off on the driver qualification file. Employees that are getting promoted within the company, will not drive until a driver qualification file checklist is completed and verified.

Effective immediately new hires for driver positions will be required to have a fully completed driver qualification file before driving a truck. This includes anyone that is promoted to the driver.

Violation #8: Primary: 391.51(b)(2) -Driver Investigation History file must contain a copy of the response by each State agency concerning a driver's driving record pursuant to §391.23(a)(1);

I permitted this to happen by telling myself I will get it done tomorrow. And not making it a focus to complete at the time of promotion to the driver.

For an immediate solution, I pulled Pavel's driving record on 1/29/2022 but not at the time of promotion to the driver.

From now on when we hire a new driver we will be required to have a driver qualification file checklist completed before they can drive.

Qualifications of Drivers

**DRIVER QUALIFICATION FILE
CHECKLIST 391.51**

Drivers name _____

1. Driver's Application for Employment - 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. Driver Investigative History File ** - Documentation required by CFR Part 391.23 regarding the driver's Safety Performance History. Refer to Page #60	49 CFR, 391.53
3. Inquiry to State Agencies - 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. Annual Review of Driving Record. 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. Annual Driver's Certification of Violations. 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. Driver's Road Test and Certificate (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. Non-CDL Drivers & Self-Certified Intrastate CDL Drivers. Medical Examiner's Certificate. 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. CDL Drivers (Interstate Only). Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. 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.	49 CFR, 391.42 & 45 & 51 See Exception Page 70
8. LCV Certificate of Training or Certificate of Grand fathering. 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 Grand fathering.	49 CFR, 380.505 & 380.111
9. Entry-Level Driver-Training Certificate (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. Medical Examiner Verification. 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)

Is the Driver File completed Yes No

Dmitriy Satir, Signature _____ date ___/___/___

First day the driver is eligible to drive ___/___/___

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

Violation #9: Failing to maintain road test certificate in driver's qualification file, or copy of license or certificate the motor carrier accepted as equivalent.

This happened because as the owners we assumed that we didn't have to do a road test, and for Pavel, we didn't work on his Driver file at the time of promotion. I assumed that I would do it when the time was right, but the right time was at the time of promotion.

For immediate fix, Dmitriy and Roman Satir have completed road tests certification. On March 2nd I, unfortunately, had to let go of Pavel, for that reason I am not able to complete his road test.

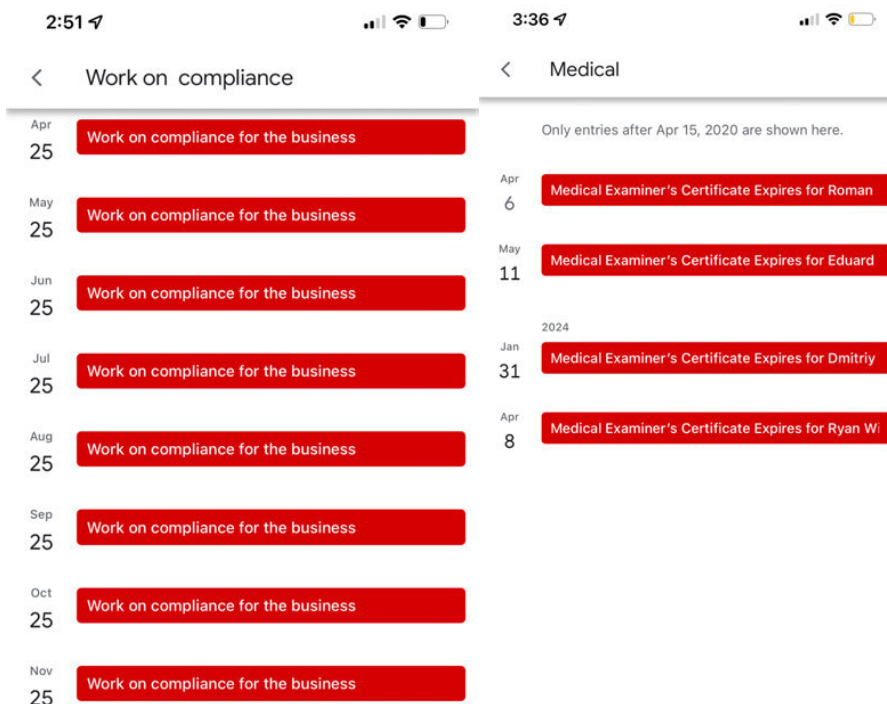
Future new hires and promoted employees will have to have a driver's road certification completed with Dmitriy or Roman. And then this will be checked off into their driver file and stored on file.

Violation #10: Primary: 391.51(b)(4)- Failing to maintain the responses of each State agency to the annual driver record inquiry required by 391.25(a).

I let this happen by being distracted trying to keep the business going during the pandemic and I didn't take the time to work on annual reports and records.

For an immediate fix, I have 2022 driving records for Roman Satir, Dmitriy Satir, and Pavel Arkhipchuck.

In the future, each driver will have an annual date scheduled in the company calendar. And the company will have a monthly day to work on documents (3rd Monday every month) to make sure the annual reports are completed. Also, each driver will have a form that tracks their annual record schedule.



Driver Annual records

Medical Card (Medical examiner's Certification)

Date Issued	
Date Expiring	
Date Issued	
Date Expiring	
Date Issued	
Date Expiring	

Annual Review Of Driving Record

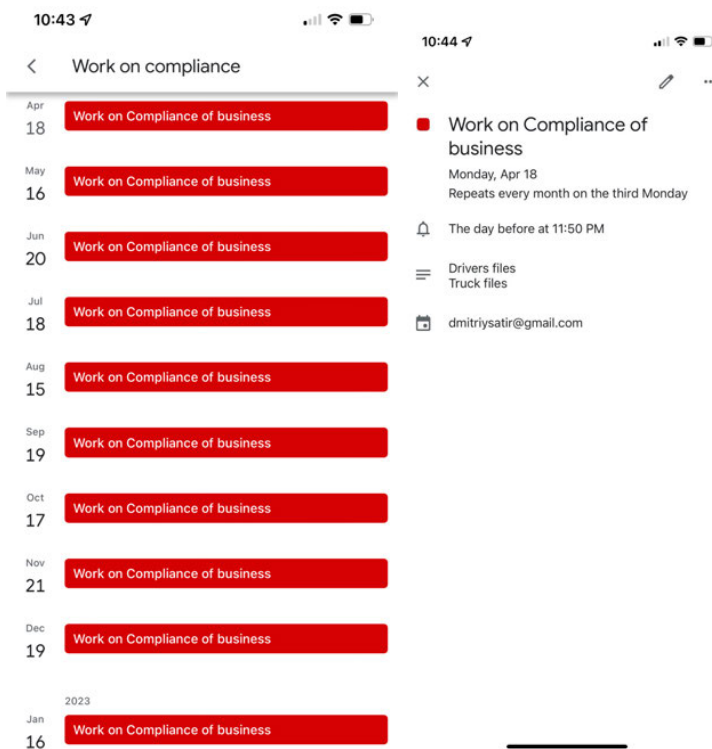
	Date	Who Signed off
Date The record was pulled		
Driver Completed Certification of Violations		
Reviewed with Driver		
When is the next one due?		
Date The record was pulled		
Driver Completed Certification of Violations		
Reviewed with Driver		
When is the next one due?		
Date The record was pulled		
Driver Completed Certification of Violations		
Reviewed with Driver		
When is the next one due?		

Violation #11: Primary: 391.51(b)(6) - Failing to maintain a list or certificate relating to violations of motor vehicle laws and ordinances required by 391.27.

I let this happen by being distracted trying to keep the business going during the pandemic and I didn't take the time to work on compliance of the business.

For an immediate fix, I have March 2022 annual driver's certificate on file for Roman Satir, Dmitry Satir. Not Pavel Arkhipchuck because I had to let him go. This document is in the driver's file.

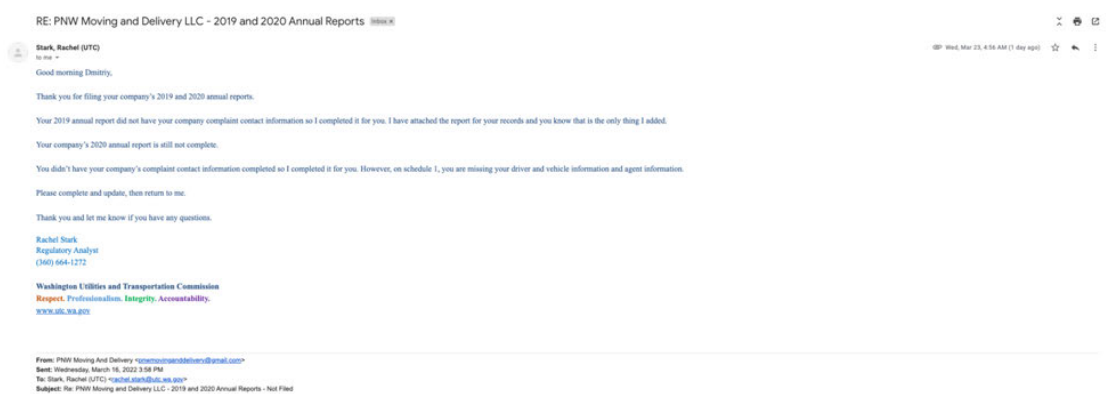
For the future, the company will have a monthly scheduled date (3rd Monday every month) to do a certificate check and complete any that needs to be completed.



Violation #12: Primary: WAC 480-15-480 - HHG Carrier/Mover failing to provide annual report and pay regulatory fees to UTC by May 1 of each year.

I let this happen because it was not on my priority list to be completed, and I was overwhelmed with all the information needed to get it completed.

I reached out to Stark, Rachel and requested help to complete the annual report for 2019 and 2020. Paid the fees on March 16th and March 18th.



For future the will file and pay the filing fees before May 1st, at the moment April 11th, 2022 I am not able to complete the 2021st Report because I do not have the extra finances to pay the filing fee. The company just paid the 2019 and 2020 fees about \$2,000 in annual fees and playing (April 11th, 2022) suspended the fee of \$1,950 from the last audit. In addition to that, the prices of fuel went up in the last month leaving even less money for the company to pay any fees. That said the company will file a 2021 report and pay regulatory fees before May 1st, 2022.

Violation #13: Primary: 396.3(b)- Failing to keep minimum records of inspection and vehicle maintenance.

I neglected to look in to understand what needs to be in a truck file.

Effective immediately I looked through the achieving satisfactory handbook and pulled the documents to have in the file for each truck.

In the future, I do want to attend the UTC training to make sure that I do have all the information and ask any questions that I might have. I will also have a file on leased and owned trucks.

Violation #14: Primary: 396.3(b)(1) - Failing to keep a maintenance record that identifies the vehicle, including make, serial number, year, and tire size.

This happened because I didn't have a good file on each truck that I leased, through Enterprise leasing Co.

I now have filled out a file for trucks 4 and 5 and have it filled into the truck file.

For the future, any additional trucks will have an Inspection, repair & maintenance record filled out at the time of occurring a new truck.

Truck 4

Inspection, Repair & Maintenance Record	
VEHICLE IDENTIFICATION	
Make: Freightliner M2 106	Serial Number: 3ALACWFC8KDKR013
Year: 2013	Tire Size: 11R 22.5
Company number/other ID: Truck 4	Owner, if leased: Enterprise Leasing Co
DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR

Truck 5

Inspection, Repair & Maintenance Record	
VEHICLE IDENTIFICATION	
Make: Freightliner M2 106	Serial Number: 3ALACWFC8KDKR013
Year: 2013	Tire Size: 11R 22.5
Company number/other ID: Truck 5	Owner, if leased: Enterprise Leasing Co
DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR
2/18/2013	Brake Shoe, wheel seal, Brake clear

Violation #15: Primary: 396.3(b)(2)- Failing to have a means of indicating the nature and due date of the various inspection and maintenance operations to be performed.

I assumed that it was a leased truck Enterprise leasing Co. and they take care of all of the inspections and maintenance,

From now the company will keep a Vehicle Service Due Status Report (form from the UTC handbook) for owned or leased trucks and get the service dates from Enterprise leasing Co.

In the future, I will question enterprise what service has been completed and when the next one is due. And for company-owned trucks, we will schedule it with a mechanic of our choosing and report it into Vehicle Service Due Status Report form.

Violation #16: Primary: 396.3(b)(3) - Failing to keep a record of inspection, repairs, and maintenance indicating their date and nature.

I assumed that it was a leased truck from Enterprise leasing Co. and they take care of all of the inspections and maintenance,

From now on I will be more involved in record-keeping of inspections and maintenance on the exact date they go in for repairs and inspections

For the future, I will have a truck file that will have the document of inspections and maintenance that's to be performed and have the dates of when this occurred.

Violation #17: Using a commercial motor vehicle not periodically inspected.

PNW Moving and Delivery purchased a 2004 International 4000 truck from California. Once we got the truck to Washington we started to do preventive maintenance and at that time it was due for DOT inspection. The truck would not pass unless we did about \$10,000 we grounded the truck and continued using a Leased truck.

The immediate fix was to ground the truck until we had a resolution, and in February we decided to sell the truck and it was sold on February 14th, 2022.

From now on every truck that the company owns or leases will have a truck file with the following, (vehicle service due status report), (inspection, repair, and maintenance record), and Drive's vehicle inspection report for drivers to fill out once any issues is found.

PNW Moving and Delivery understands that it's not compliant and will work with the commission to bring it into satisfactory condition. We also understand that there is a penalty involved and we ask the commission to postpone the payment of the penalty for a few months. That way we can make sure to get caught up on other penalties. And after that put us on a payment plan.

Dmitriy Satir
Owner of PNW Moving and Delivery LLC

**DRIVER QUALIFICATION FILE
CHECKLIST 391.51**

Omipry Satur

1. <input checked="" type="checkbox"/> Driver's Application for Employment - 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"/> Driver Investigative History File ** - Documentation required by CFR Part 391.23 regarding the driver's Safety Performance History. Refer to Page #60	49 CFR, 391.53
3. <input type="checkbox"/> Inquiry to State Agencies - 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"/> Annual Review of Driving Record. 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"/> Annual Driver's Certification of Violations. 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 checked="" type="checkbox"/> Driver's Road Test and Certificate (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"/> Non-CDL Drivers & Self-Certified Intrastate CDL Drivers. Medical Examiner's Certificate. 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. <input type="checkbox"/> CDL Drivers (Interstate Only). Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. 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.	49 CFR, 391.42 & 45 & 51 See Exception Page 70
<input checked="" type="checkbox"/> LCV Certificate of Training or Certificate of Grandfathering. 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
<input checked="" type="checkbox"/> Entry-Level Driver-Training Certificate (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"/> Medical Examiner Verification. 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.

WA USA WASHINGTON DRIVER LICENSE
FEDERAL LIMITS APPLY


4d Lic# [REDACTED]
1 SAT# [REDACTED]
2 DIMITRIY A [REDACTED]

3 [REDACTED]
4a ISS 02/08/2022

10 EYES BLU
11 HGT 6'-01"
12 RESTRICTIONS NONE
13 SEX M
14 WGT 250 LB
15 END NONE
16 EXP 02/08/2030

19 [REDACTED]
20 R020822501543

21 DD WDLBR2530730202062501343 REV 11/13/2019



WA LICENSING 21 762300107265301



CLASS ENDORSEMENTS: NONE
RESTRICTIONS: NONE

02/06/1995 Please notify the Department of Licensing within 10 days of a change of address.

WA USA **WASHINGTON** DRIVER LICENSE



32168754H1264

4d LIC# [REDACTED]
1 SATIR
2 DMITRIY A
3 DOB [REDACTED]

15 Sex M 16 Hgt 6-81
17 Wgt 238 18 Eyes BLU
9 Class 9a End NONE
12 Restrictions NONE

4a Iss 03-15-2016
4b Exp 02-06-2022



8 DD SATIRDAUSCF32168754H1264 Rev 09-16-2000



Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 1/29/2022 9:21 AM

CERTIFIED

Driver Information	Address Information	License and ID Details
DLN: [REDACTED] Last: SATIR First: DMITRIY Middle: A Suffix: DOB: [REDACTED] Gender: M	Address on file	Personal Driver License: Status: Licensed Issue: 04/06/2020 Expire: 02/06/2022 Original issue: 05/26/2011

Restrictions			Endorsements	
Description	Lic type	Code	Description	Code
No restrictions			No endorsements	

Reinstatements
Requirement
No requirements

Document History					
Type	Issue	Expire	DLN	Issue type	Current Document
Personal Driver License	04/06/2020	02/06/2022	[REDACTED]	Duplicate	Yes
Personal Driver License	02/10/2017	02/06/2022	[REDACTED]	Duplicate	No
Personal Driver License	03/15/2016	02/06/2022	[REDACTED]	Renewal	No
Intermediate Driver License	05/26/2011	02/06/2016	[REDACTED]	Original	No
Instruction Permit	05/22/2010	05/22/2011	[REDACTED]	Original	No

DLN History		
DLN	Start	End
[REDACTED]	04/06/2020	
[REDACTED]	05/22/2010	04/06/2020

Failure to Appear		
Description: M82 - Inattentive or distracted driving Violation date: 02/07/2017 Violation #: 7Z0239289	Notice Date: 09/02/2017 Court name: Lakewood Municipal Court Court phone: 253-512-2258	Statute: LKM10.16.080 Suspendable: No Jurisdiction: WA

Tickets			
Description: 9B - Reg Plate Vio Violation date: 10/21/2020 Violation #: XZ0784486	Finding date: 05/18/2021 Finding: Committed Court name: Kitsap County District Court	Statute: 46.16A.030.5.L Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: Yes

Description: 9B - Reg Plate Vio Violation date: 02/26/2019 Violation #: 9Z0010827	Finding date: 04/17/2019 Finding: Committed Court name: Pierce County District Court	Statute: 46.16A.030.5.O Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
---	--	---	--

We are committed to providing equal access to our services. If you need accommodation, please call 360-902-3900 or TTY 360-664-0116. If you have questions regarding your driving record, please call Customer Service at 360-902-3900.

APPLICATION FOR EMPLOYMENT

COMPANY PNW moving & Delivery STREET ADDRESS 2112 109th St S Suite 203
CITY, STATE AND ZIP CODE Tacoma WA 98444
APPLICANT'S NAME Dmitry A Satir
(First) (Middle) (Maiden Name, if any) (Last)
ADDRESS [REDACTED] Tacoma WA 98444 HOW LONG? 3
(Street) (City) (State and Zip Code)
DATE OF BIRTH [REDACTED] PHONE 253 579 7122 SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1	708 138th St S	Tacoma	WA 98444	2018 - now
2	833 103rd St S	Tacoma	WA 98444	late 2017 - 2019
3	[REDACTED]			- was remodeling
4	[REDACTED]			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA	[REDACTED]	Class	02/06/2030

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	Straight Truck	2013	2022	60,000
TRACTOR/SEMI-TRAILER	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TRACTOR/2 TRAILERS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
OTHER:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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
Aug 5 2019	T-Bone	No	No
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(Form 2 Rev. 10-2001)

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

LOCATION	DATE	CHARGE	PENALTY
Witsap	10/21/2020	Reg plate v.i.o	—
Pierce	04/17/2019	9B-Reg plate v.i.o	—

(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
- B. Has any license, permit, or privilege ever been suspended or revoked? YES Yes NO W

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 NA

ADDRESS NA

POSITION HELD NA FROM NA TO NA SALARY NA

REASON FOR LEAVING NA

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES _____ NO _____

SECOND LAST EMPLOYER NAME NA

ADDRESS NA

POSITION HELD W FROM NA TO NA SALARY M

REASON FOR LEAVING NA

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES _____ NO _____

THIRD LAST EMPLOYER NAME NA

ADDRESS NA

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

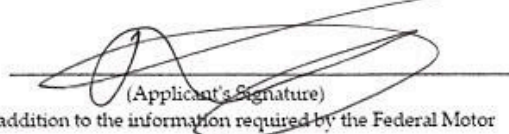
Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

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.

(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)

**RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Prospective Employer: <u>PNW Moring and Delivery</u> Street/P.O. Box: _____ City, State, Zip: <u>Tacoma WA 98444</u> Telephone # <u>253 579 7122</u>
FROM:	Driver/Applicant: <u>Dmitry Satir</u> Social Security/I.D. # _____ Street: _____ City, State, Zip: <u>Tacoma WA 98444</u> Telephone # <u>(253) 579 7122</u>
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.	
This information should be: <input checked="" type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up	
Driver/Applicant Signature: _____	Date: _____ M D Y

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.	
Information supplied to:	
Name: _____	
Street: _____	
City, State, Zip: _____	
Comments: _____	
By: _____	Release Date: _____ M D Y
Signature/person providing information	Telephone #

COPY 1 PROSPECTIVE EMPLOYER

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<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>NA</u> to <u>NA</u>, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from <u>NA</u> to <u>NA</u>.</p>	
<ol style="list-style-type: none"> 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"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 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"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 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"/> 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"/> 	
<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: <u>NA</u> Company: <u>NA</u> Street: <u>WA</u> City State Zip: <u>NA</u> Telephone: <u>NA</u> Part 3 Completed by (Signature): <u>NA</u> Date: <u>NA</u>	

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

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

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

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

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I. (Print Name) _____ <div style="display: flex; justify-content: space-between;"> First M.I. Last Social Security Number </div>	
Hereby authorize: _____ <div style="display: flex; justify-content: flex-end;"> Date of Birth </div>	
Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ 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 _____ <div style="text-align: center;">(employment application date)</div>	
To: Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____	
In compliance with §40.25(g) and 391.23(f), 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 _____ 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 <input type="checkbox"/> No <input type="checkbox"/>				
Employed as <u>NA</u> from (m/y) <u>NA</u> to (m/y) <u>NA</u>				
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.				
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 <input type="checkbox"/> here if there is no accident register data for this driver.				
Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </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: _____ _____ _____				
Any other remarks: _____ _____ _____				
Signature: _____ Title: _____ Date: _____				

Suspended because
Failed to pay Fine and costs
violation date 07/2/2017

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-88A, 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** **Satir** **First Name** **Dmitry** 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
 - Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate
 - Driving within an exempt intrastate zone (49 CFR 391.62) (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

01/31/2024

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Burns, Carina

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

MD61046603

Medical Examiner's Telephone Number

(253)475-5908

Date Certificate Signed

01/31/2022

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Issuing State

WA

National Registry Number

7512061718

Driver's Signature

Driver's Address

Street Address: _____

City: Tacoma

State/Province: WA

Zip Code: 98444

Yes No

Driver's License Number


Issuing State/Province

WA

CLP/CDL Applicant/Holder

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.

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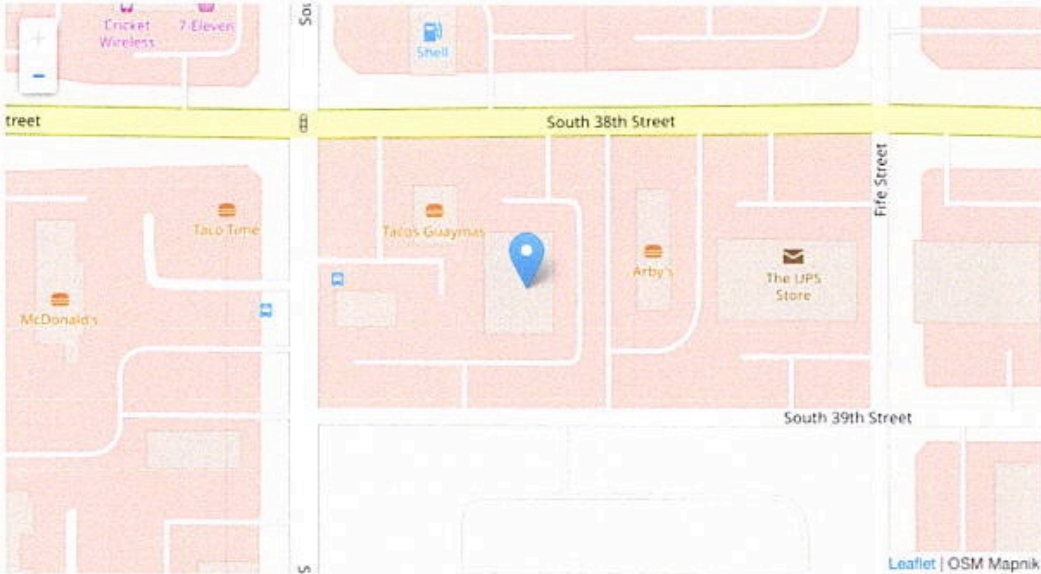
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[Medical Examiners](#)

[Medical Review Board](#)

[Reports](#)

Burns, Carina



Dr. Carina Burns

Doctor of Medicine
Concentra

Employer: Concentra

Business Address:
[2624 S. 38th St](#)
[Tacoma Washington, 98409](#)

Business Phone: (502) 964-3688

Business Email: cburns@concentra.com

National Registry Number: 7512061718

Certification Date: 11/30/18

DRIVER'S ROAD TEST EXAMINATION

LAST NAME: Satir FIRST NAME: Dmitriy M. A. (MAIDEN NAME IF APPLICABLE)
ADDRESS: [REDACTED]
CITY: Tacoma STATE: WA ZIP: 98444
TELEPHONE: (H) _____ (CELL) 253 579 7122 SPE TESTING SITE STATE: 2112 109th St S

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:

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

Type of equipment used in giving test: Straight truck

Date: 03/21/22 (DD/MM/YYYY) EXAMINER'S NAME (PRINT) Roman Satir
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: _____

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: Sahr FIRST NAME: Dmitriy MI: A
(MAIDEN NAME IF APPLICABLE): _____
Social Security Number: [REDACTED]
Operator's or Chauffeur's License Number: [REDACTED]
State of Issuance: Washington
Type of Power Unit: Straight truck
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 03/21/22 (DD/MM/YYYY) consisting of approximately: 6 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): Roman Sahr
Examiner's Name (Signature): [Signature]
Title: Owner
State Test Site: PNW office

Organization and Address of Examiner: PNW Moving and Delivery
1000 8048 S Ainsworth Ave, Tacoma WA 98408



Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 1/29/2022 9:21 AM

CERTIFIED

Tickets

Description: B78 - Failed to show NCL Violation date: 02/26/2019 Violation #: 9Z0010828	Finding date: 03/13/2019 Finding: Committed Court name: Pierce County District Court	Statute: 46.20.017 Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: Yes
--	---	--	--

Description: S93 - Speeding Violation date: 07/21/2017 Violation #: 7Z0895782	Finding date: 08/21/2017 Finding: Guilty Court name: Grant County District Court	Statute: 46.61.400.10 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
--	---	--	---

Withdrawal History

Description: D53 - Failed to pay fine and costs Violation #: 7Z0895782 Violation date: 07/21/2017	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 10/08/2017 End date: 3/1/2019 Withdrawing state: WA Drug: No test:
--	---	---

Collisions

Accident date	Vehicle Action	Report number	Insured	# of vehicles	# of injured	# of fatalities	Veh class	Jur	CMV	Haz	Fata lity	16+ Pass	Note
02/05/2018	Parked	E766105		3	2	0			No	No	No	No	



Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 4/6/2020 6:00 PM

CERTIFIED

Driver Information	Address Information	License and ID Details
DLN: [REDACTED] Last: SATIR First: DMITRIY Middle: A Suffix: DOB: [REDACTED] Gender: M	Address on file	Personal Driver License: Status: Licensed Issue: 04/06/2020 Expire: 02/06/2022 Original issue: 05/26/2011

Restrictions			Endorsements	
Description	Lic type	Code	Description	Code
No restrictions			No endorsements	

Reinstatements
Requirement
No requirements

Document History					
Type	Issue	Expire	DLN	Issue type	Current Document
Personal Driver License	04/06/2020	02/06/2022	[REDACTED]	Duplicate	Yes
Personal Driver License	02/10/2017	02/06/2022	[REDACTED]	Duplicate	No
Personal Driver License	03/15/2016	02/06/2022	[REDACTED]	Renewal	No
Intermediate Driver License	05/26/2011	02/06/2016	[REDACTED]	Original	No
Instruction Permit	05/22/2010	05/22/2011	[REDACTED]	Original	No

DLN History		
DLN	Start	End
[REDACTED]	04/06/2020	
[REDACTED]	05/22/2010	04/06/2020

Failure to Appear		
Description: M82 - Inattentive or distracted driving Violation date: 02/07/2017 Violation #: 7Z0239289	Notice Date: 09/02/2017 Court name: Lakewood Municipal Court Court phone: 253-512-2258	Statute: LKM10.16.080 Suspendable: No Jurisdiction: WA

Tickets			
Description: 9B - Reg Plate Vio Violation date: 02/26/2019 Violation #: 9Z0010827	Finding date: 04/17/2019 Finding: Committed Court name: Pierce County District Court	Statute: 46.16A.030.5.O Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: No Drug: No Exempt veh: No Mental health: No 16 Passenger: No Pass under 16: No Amended ACD: No

We are committed to providing equal access to our services. If you need accommodation, please call 360-902-3900 or TTY 360-664-0116. If you have questions regarding your driving record, please call Customer Service at 360-902-3900.



Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 4/6/2020 6:00 PM

CERTIFIED

Tickets

Description: B78 - Failed to show NCL Violation date: 02/26/2019 Violation #: 9Z0010828	Finding date: 03/13/2019 Finding: Committed Court name: Pierce County District Court	Statute: 46.20.017 Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: No Drug: No Exempt veh: No Mental health: No 16 Passenger: No Pass under 16: No Amended ACD: Yes
Description: S93 - Speeding Violation date: 07/21/2017 Violation #: 7Z0895782	Finding date: 08/21/2017 Finding: Guilty Court name: Grant County District Court	Statute: 46.61.400.10 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: S93 - Speeding Violation date: 04/21/2015 Violation #: 5Z0431110	Finding date: 05/05/2015 Finding: Guilty Court name: Pierce County District Court	Statute: 46.61.400.05 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

Withdrawal History

Description: D53 - Failed to pay fine and costs Violation #: 7Z0895782 Violation date: 07/21/2017	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 10/08/2017 End date: 3/1/2019 Withdrawing state: WA Drug: No test:
--	---	---

Collisions

Accident date	Vehicle Action	Report number	Insured	# of vehicles	# of injured	# of fatalities	Veh class	Jur	CMV	Haz	Fata lity	16+ Pass	Note
06/04/2015	Moving	E430478		2	0	0			No	No	No	No	
02/05/2018	Moving	E766105		3	2	0			No	No	No	No	
08/11/2015	Moving	E451088		2	0	0			No	No	No	No	
04/09/2015	Moving	E415650		3	0	0			No	No	No	No	

We are committed to providing equal access to our services. If you need accommodation, please call 360-902-3900 or TTY 360-664-0116. If you have questions regarding your driving record, please call Customer Service at 360-902-3900.

Wednesday, March 30, 2022



Web Search No Record Found Report

Washington State Patrol

Identification and Criminal History Section

P. O. Box 42633

Olympia, Washington 98504-2633

Telephone (360) 534-2000 Option 2

THE FOLLOWING TRANSCRIPT OF RECORD

IS FURNISHED FOR OFFICIAL USE ONLY

This report was generated from a transaction run on 2/30/2022 at 8:53 AM Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, NO RECORD was found in the Washington State Criminal History Repository based on descriptors provided:

SATIR,DMITRIY A DOB 02/06/1995 SEX M RACE U

This may mean that the person you searched for has no criminal conviction record OR that your search criteria did not match the spelling of the person's name or date of birth.

Positive identification or non-identification in the Washington State Patrol's database can only be determined by fingerprint comparison.

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).

Dimitry Sator A [REDACTED] March 2016
DRIVER NAME: LAST FIRST, MI SOCIAL SECURITY NUMBER DATE OF EMPLOYMENT
Tacoma WA [REDACTED] WA 02/06/2030
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.

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 required to be listed during the past 12 months.

03/21/2022 [Signature]
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:

[Empty box for disqualification actions]

PNW Moving and Delivery 2112 109th st S Tacoma WA
MOTOR CARRIER NAME MOTOR CARRIER ADDRESS

Dimitry Sator [Signature] owner 03/21/2022
REVIEWER PRINTED NAME REVIEWER SIGNATURE TITLE DATE OF REVIEW



Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 3/21/2022 9:39 AM

CERTIFIED

Driver Information	Address Information	License and ID Details
DLN: [REDACTED] Last: SATIR First: DMITRIY Middle: A Suffix: DOB: [REDACTED] Gender: M	Address on file	Personal Driver License: Status: Licensed Issue: 02/08/2022 Expire: 02/06/2030 Original issue: 05/26/2011

Restrictions			Endorsements	
Description	Lic type	Code	Description	Code
No restrictions			No endorsements	

Reinstatements
Requirement No requirements

Document History					
Type	Issue	Expire	DLN	Issue type	Current Document
Personal Driver License	02/08/2022	02/06/2030	[REDACTED]	Renewal	Yes
Personal Driver License	04/06/2020	02/06/2022	[REDACTED]	Duplicate	No
Personal Driver License	02/10/2017	02/06/2022	[REDACTED]	Duplicate	No
Personal Driver License	03/15/2016	02/06/2022	[REDACTED]	Renewal	No
Intermediate Driver License	05/26/2011	02/06/2016	[REDACTED]	Original	No
Instruction Permit	05/22/2010	05/22/2011	[REDACTED]	Original	No

DLN History		
DLN	Start	End
[REDACTED]	04/06/2020	
[REDACTED]	05/22/2010	04/06/2020

Failure to Appear		
Description: M82 - Inattentive or distracted driving Violation date: 02/07/2017 Violation #: 7Z0239289	Notice Date: 09/02/2017 Court name: Lakewood Municipal Court Court phone: 253-512-2258	Statute: LKM10.16.080 Suspendable: No Jurisdiction: WA

Tickets			
Description: 9B - Reg Plate Vio Violation date: 10/21/2020 Violation #: XZ0784486	Finding date: 05/18/2021 Finding: Committed Court name: Kitsap County District Court	Statute: 46.16A.030.5.L Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: Yes

Description: 9B - Reg Plate Vio Violation date: 02/26/2019 Violation #: 9Z0010827	Finding date: 04/17/2019 Finding: Committed Court name: Pierce County District Court	Statute: 46.16A.030.5.O Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
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We are committed to providing equal access to our services. If you need accommodation, please call 360-902-3900 or TTY 360-664-0116. If you have questions regarding your driving record, please call Customer Service at 360-902-3900.



Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 3/21/2022 9:39 AM

CERTIFIED

Tickets

Description: B78 - Failed to show NCL Violation date: 02/26/2019 Violation #: 9Z0010828	Finding date: 03/13/2019 Finding: Committed Court name: Pierce County District Court	Statute: 46.20.017 Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: Yes
Description: S93 - Speeding Violation date: 07/21/2017 Violation #: 7Z0895782	Finding date: 08/21/2017 Finding: Guilty Court name: Grant County District Court	Statute: 46.61.400.10 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No

Withdrawal History

Description: D53 - Failed to pay fine and costs Violation #: 7Z0895782 Violation date: 07/21/2017	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 10/08/2017 End date: 3/1/2019 Withdrawing state: WA Drug: No test:
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Collisions

Accident date	Vehicle Action	Report number	Insured	# of vehicles	# of injured	# of fatalities	Veh class	Jur	CMV	Haz	Fata lity	16+ Pass	Note
02/05/2018	Parked	E766105		3	2	0			No	No	No	No	

Medical Card (Medical examiner's Certification)

Dmitry Satir

Date Issued	1/31/2022
Date Expiring	1/31/ 2022 2024
Date Issued	
Date Expiring	
Date Issued	
Date Expiring	

Annual Review Of Driving Record

	Date	Who Signed off
Date The record was pulled	3/21/2022	Dmitry S
Driver Completed Certification of Violations	3/21/2022	Dmitry S
Reviewed with Driver	3/21/2022	Dmitry S
When is the next one due?	3/21/2023	
Date The record was pulled		
Driver Completed Certification of Violations		
Reviewed with Driver		
When is the next one due?		
Date The record was pulled		
Driver Completed Certification of Violations		
Reviewed with Driver		
When is the next one due?		

**DRIVER QUALIFICATION FILE
CHECKLIST 391.51**

Roman Satir

1. <input checked="" type="checkbox"/> Driver's Application for Employment - 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"/> Driver Investigative History File ** - Documentation required by CFR Part 391.23 regarding the driver's Safety Performance History. Refer to Page #60	49 CFR, 391.53
3. <input checked="" type="checkbox"/> Inquiry to State Agencies - 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"/> Annual Review of Driving Record. 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. <i>Completed on 3/21/2022</i>	49 CFR, 391.25 <i>next one 3/2023</i>
5. <input checked="" type="checkbox"/> Annual Driver's Certification of Violations. 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. <i>Completed 3/21/2022</i>	49 CFR, 391.27 <i>next one 3/2023</i>
6. <input checked="" type="checkbox"/> Driver's Road Test and Certificate (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 <i>Completed on 3/21/2022</i>	49 CFR, 391.31 & 33
7. <input checked="" type="checkbox"/> Non-CDL Drivers & Self-Certified Intrastate CDL Drivers. Medical Examiner's Certificate. 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. ____ CDL Drivers (Interstate Only). Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. 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.	49 CFR, 391.42 & 45 & 51 See Exception Page 70
8. <input type="checkbox"/> LCV Certificate of Training or Certificate of Grand fathering. 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 Grand fathering.	49 CFR, 380.505 & 380.111
9. <input type="checkbox"/> Entry-Level Driver-Training Certificate (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"/> Medical Examiner Verification. 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. <i>Renewal in May 2022</i>	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.




VA WASHINGTON DRIVER LICENSE
ISA FEDERAL LIMITS APPLY

4d LIC [REDACTED] 8 CLASS
1 SATIR
2 ROMAN ALEXANDER

3 DOB [REDACTED] 4a ISS 01/25/2022

15 SEX M 16 EYES GRN
18 HGT 5'-11" 17 WGT 178 lb
12 RESTRICTIONS NONE 19 END NONE
4b EXP 12/26/2029

5 DD WDL76TT8G2588012522500926 REV 11/12/2019



21 7521001021375301



CLASS ENDORSEMENTS: NONE
RESTRICTIONS: NONE

12/26/1998 Please notify the Department of Licensing within 10 days of a change of address.

Tuesday, June 2, 2020



Web Search No Record Found Report

Washington State Patrol

Identification and Criminal History Section

P. O. Box 42633

Olympia, Washington 98504-2633

Telephone (360) 534-2000 Option 2

**THE FOLLOWING TRANSCRIPT OF RECORD
IS FURNISHED FOR OFFICIAL USE ONLY**

This report was generated from a transaction run on 6/2/2020 at 4:45 PM
Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, NO RECORD was found in the Washington
State Criminal History Repository based on descriptors provided:

ROMAN, SATIR DOB [REDACTED] SEX M RAC U

This may mean that the person you searched for has no criminal conviction
record OR that your search criteria did not match the spelling of the person's
name or date of birth.

Positive identification or non-identification in the Washington State Patrol's
database can only be determined by fingerprint comparison.

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-808, 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:** Satic **First Name:** Roman 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**

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
04/04/2022

Medical Examiner's Signature [Signature] **Medical Examiner's Telephone Number** 253-272-6677 **Date Certificate Signed** 04/06/2020

Medical Examiner's Name (please print or type) Joni Baker, ARNP MD Physician Assistant Advanced Practice Nurse DO Chiropractor Other Practitioner (Specify) _____

Medical Examiner's State License, Certificate, or Registration Number AP60505199WA **Issuing State** WA. **National Registry Number** 8931893013

Driver's Signature [Signature] **Driver's License Number** [Redacted] **Issuing State/Province** WA

Driver's Address [Redacted] **City:** Tacoma **State/Province:** WA **Zip Code:** 98408 **Yes** **DLP/CDL Applicant/Holder**

Street Address: [Redacted] **City:** Tacoma **State/Province:** WA **Zip Code:** 98408 **Yes** **DLP/CDL Applicant/Holder**

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.

Medical Examiner is not accepting examination requests at this time.

National Registry Number: 5149538129
Certification Date: 08/12/20

Dr. Roxanne J Ho Doctor of Medicine

COSMAS PRIMARY CARE, P.S.
2115 S. 56TH ST
STE 103
TACOMA, WA 98409
(253) 345-4310
Distance: 2.16 miles

National Registry Number: 3908829665
Certification Date: 12/09/14

Ms. Anna M Walen Advanced Practice Registered Nurse

MultiCare
219 State Ave N, Suite 140
Kent, WA 98030
(253) 545-5970
Distance: 2.18 miles

National Registry Number: 4833891759
Certification Date: 11/25/14

Mrs. Joni G Baker Nurse Practitioner

IMPORTANT: Please do not contact to schedule an examination. This Medical Examiner is not accepting examination requests at this time.

National Registry Number: 8931893013
Certification Date: 01/21/16

Mr. Martin J Hendricks Physician Assistant

CHI Franciscan Occupational Medicine
1930 Port of Tacoma Rd.
Tacoma, WA 98421
(253) 272-6677
Distance: 2.19 miles

National Registry Number: 3158183606
Certification Date: 08/04/16

Dr. Richard A Soboll Doctor of Medicine

USHWORKS
2624 South 38th Street
Tacoma, WA 98409
(253) 475-5908
Distance: 2.57 miles

National Registry Number: 2418654205
Certification Date: 12/20/13

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).

Satir, Roman, A
DRIVER NAME: LAST, FIRST, MI
[REDACTED] SOCIAL SECURITY NUMBER
March 2016 DATE OF EMPLOYMENT
Tacoma, WA HOME TERMINAL (CITY AND STATE)
[REDACTED] STATE WA
12/26/2029 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

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.

12/26 03/21/22 DATE
Satir 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:

PNW Moving and Delivery MOTOR CARRIER NAME
2112 109th St S Tacoma WA MOTOR CARRIER ADDRESS
Dmitry Satir REVIEWER PRINTED NAME
[Signature] REVIEWER SIGNATURE
owner TITLE
03/21/2022 DATE OF REVIEW

APPLICATION FOR EMPLOYMENT

COMPANY PNW Moving STREET ADDRESS 2112 169th St S Suite 203
CITY, STATE AND ZIP CODE Tacoma, WA 98444
APPLICANT'S NAME Roman A Satir
(First) (Middle) (Maiden Name, if any) (Last)
ADDRESS [REDACTED] HOW LONG? 3y
(Street) (City) (State and Zip Code)
DATE OF BIRTH [REDACTED] PHONE (253) 576-2729 SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA	[REDACTED]	Regular	12/26/2029

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	Truck	2015	2022	40,000
TRACTOR/SEMI-TRAILER	N/A			
TRACTOR/2 TRAILERS	N/A			
OTHER:	N/A			

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
N/A			
N/A			
N/A			
N/A			

(Form 2 Rev. 10-2001)

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

LOCATION	DATE	CHARGE	PENALTY
Puyallup	12/22/20	Expired license	Ticket
Puyallup	12/22/20	Insurance not present	Ticket
King County	11/22/20	Veh Plate Not Valid	Ticket

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

Needed to get insurance

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 N/A

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 _____

SECOND 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 _____

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.

03/21/22
(Date)

[Signature]
(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)

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I. (Print Name) <u>Roman</u> <u>A</u> <u>Sahir</u> [REDACTED]	
<div style="display: flex; justify-content: space-between;"> First M.I. Last Social Security Number </div>	
Hereby authorize: <u>12/26/96</u> Date of Birth	
Previous Employer: <u>N/A</u> Email: _____	
Street: _____ Telephone: _____	
City, State, Zip: _____ 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>Jahr</u> Applicant's Signature <u>03/21/22</u> 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 <input type="checkbox"/> No <input type="checkbox"/>	
Employed as <u>N/A</u> 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.	
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 <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

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
N/A	
<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"> 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"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 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"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 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"/> 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"/> <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> <p>Name: _____ Company: _____ Street: _____ City, State, Zip: _____ Telephone: _____ Part 3 Completed by (Signature): _____ Date: _____</p>	

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

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


INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

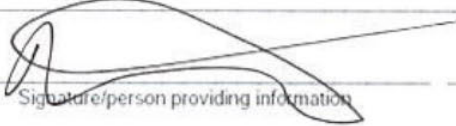
<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> Complete the information Send to Previous Employer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

**RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(j)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Prospective Employer: <u>PNW Moving</u> Street/P.O. Box: <u>2112 109th St S Suite 203</u> City, State, Zip: <u>Tacoma WA 98444</u> Telephone # _____
FROM:	Driver/Applicant: <u>Roman Satir</u> Social Security/I.D. # [REDACTED] Street: [REDACTED] City, State, Zip: <u>Tacoma WA 98408</u> Telephone # <u>(253) 576 2729</u>
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.	
This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.	
Driver/Applicant Signature: <u></u>	Date: <u>03 / 21 / 22</u> M D Y

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.	
Information supplied to:	
Name: <u>(Dmitry Satir) PNW Moving & Delivery LLC</u>	
Street: <u>108 133rd St S</u>	
City, State, Zip: <u>Tacoma WA 98444</u>	
Comments: _____	
By: <u></u>	Release Date: <u>03 / 23 / 2022</u> M D Y
Signature/person providing information	Telephone # _____

COPY 1 PROSPECTIVE EMPLOYER

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: Satir FIRST NAME: Roman MI: A
(MAIDEN NAME IF APPLICABLE): N/A
Social Security Number [REDACTED]
Operator's or Chauffeur's License Number: [REDACTED]
State of Issuance: Washington
Type of Power Unit: Straight truck
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 03/21/2022 (M/YYYY) consisting of approximately: _____ 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 Satir
Examiner's Name (Signature): [Signature]
Title: owner of PNW Moving & Delivery
State Test Site: PNW office

Organization and Address of Examiner: PNW Moving and Delivery
708 133rd St S Tacoma WA 98444

DRIVER'S ROAD TEST EXAMINATION

LAST NAME: Satir FIRST NAME: Roman MI: A (MAIDEN NAME IF APPLICABLE): Alexander

ADDRESS: [REDACTED]

CITY: Tacoma STATE: WA ZIP: 98408

TELEPHONE (H): _____ (CELL) (253) 570 2729 SPE TESTING SITE STATE: 2112 109th St S Tacoma 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:

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

Type of equipment used in giving test: Straight Truck

Date: 03/21/2022 (DD/MM/YYYY) EXAMINER'S NAME (PRINT): Dmitriy Satir
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: None



Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 3/21/2022 9:39 AM

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Driver Information	Address Information	License and ID Details
DLN: [REDACTED] Last: SATIR First: ROMAN Middle: ALEXANDER Suffix: DOB: [REDACTED] Gender: M	Address on file	Personal Driver License: Status: Licensed Issue: 01/25/2022 Expire: 12/26/2029 Original issue: 11/09/2016

Restrictions			Endorsements	
Description	Lic type	Code	Description	Code
No restrictions			No endorsements	

Reinstatements
Requirement Collision Claim

Document History					
Type	Issue	Expire	DLN	Issue type	Current Document
Personal Driver License	01/25/2022	12/26/2029	[REDACTED]	Renewal	Yes
Personal Driver License	09/10/2019	12/26/2021	[REDACTED]	Duplicate	No
Personal Driver License	03/21/2018	12/26/2021	[REDACTED]	Duplicate	No
Personal Driver License	07/25/2017	12/26/2021	[REDACTED]	Replacement	No
Personal Driver License	11/09/2016	12/26/2021	[REDACTED]	Original	No
Instruction Permit	09/20/2016	09/20/2017	[REDACTED]	Renewal	No
Instruction Permit	03/17/2015	03/17/2016	[REDACTED]	Renewal	No
Instruction Permit	10/09/2013	10/09/2014	[REDACTED]	Original	No

DLN History		
DLN	Start	End
[REDACTED]	09/10/2019	
[REDACTED]	10/09/2013	09/10/2019

Failure to Appear		
Description: D36 - Failed to maintain liability insurance Violation date: 12/22/2020 Violation #: XZ0697821	Notice Date: 02/24/2021 Court name: Puyallup Municipal Court Court phone: 253 841-5450	Statute: 46.30.020 Suspendable: No Jurisdiction: WA
Description: B51 - Expired or no license Violation date: 12/22/2020 Violation #: XZ0697820	Notice Date: 04/02/2021 Court name: Puyallup Municipal Court Court phone: 253 841-5450	Statute: 46.20.015 Suspendable: No Jurisdiction: WA
Description: 9E - Veh Plate Not Valid/Improper Attach Violation date: 11/22/2020 Violation #: XZ0730820	Notice Date: 06/29/2021 Court name: King County District Court Court phone: 206 205 9200	Statute: 46.16A.200.7D Suspendable: No Jurisdiction: WA
Description: D36 - Failed to maintain liability insurance Violation date: 07/23/2019 Violation #: 9Z0707358	Notice Date: 09/21/2020 Court name: King County District Court Court phone: 206 205 9200	Statute: 46.30.020 Suspendable: No Jurisdiction: WA
Description: B51 - Expired or no license Violation date: 09/30/2018 Violation #: 8Z0879937	Notice Date: 01/07/2019 Court name: Pierce County District Court Court phone: 253-798-7487	Statute: 46.20.015 Suspendable: No Jurisdiction: WA
Description: B78 - Failed to show NCL Violation date: 03/19/2018 Violation #: 8Z0379085	Notice Date: 01/07/2019 Court name: Pierce County District Court Court phone: 253-798-7487	Statute: 46.20.017 Suspendable: No Jurisdiction: WA
Description: 9B - Reg Plate Vio	Notice Date: 01/07/2019	Statute: 46.16A.030.5.O

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Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 3/21/2022 9:39 AM

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Violation date: 03/19/2018
Violation #: 8Z0379084

Court name: Pierce County District Court
Court phone: 253-798-7487

Suspendable: No
Jurisdiction: WA

Tickets

Description: B51 - Expired or no license
Violation date: 12/22/2020
Violation #: XZ0697820

Finding date: 12/28/2020
Finding: Committed
Court name: Puyallup Municipal Court

Statute: 46.20.015
Electronic ticket: Yes

CMV: No
Hazmat: No
Fatality: No
No test:
Exempt veh: No
16 Passenger: No
Amended ACD: Yes

Description: D36 - Failed to maintain liability insurance
Violation date: 12/22/2020
Violation #: XZ0697821

Finding date: 02/24/2021
Finding: Committed
Court name: Puyallup Municipal Court

Statute: 46.30.020
Electronic ticket: Yes

CMV: No
Hazmat: No
Fatality: No
No test:
Exempt veh: No
16 Passenger: No
Amended ACD: No

Description: 9E - Veh Plate Not Valid/Improper Attach
Violation date: 11/22/2020
Violation #: XZ0730820

Finding date: 06/28/2021
Finding: Committed
Court name: King County District Court

Statute: 46.16A.200.7D
Electronic ticket: Yes

CMV: No
Hazmat: No
Fatality: No
No test:
Exempt veh: No
16 Passenger: No
Amended ACD: No

Description: S16 - Speeding 16-20 MPH > limit
Violation date: 05/25/2020
Violation #: XZ0458481

Finding date: 09/10/2020
Finding: Committed
Court name: Pierce County District Court

Statute: 46.61.400.20
Electronic ticket: Yes

CMV: No
Hazmat: No
Fatality: No
No test:
Exempt veh: No
16 Passenger: No
Amended ACD: No

Description: S93 - Speeding
Violation date: 02/22/2020
Violation #: XZ0020058

Finding date: 06/09/2020
Finding: Committed
Court name: Clark County District Court

Statute: 46.61.400.05
Electronic ticket: Yes

CMV: No
Hazmat: No
Fatality: No
No test:
Exempt veh: No
16 Passenger: No
Amended ACD: No

Description: D36 - Failed to maintain liability insurance
Violation date: 07/23/2019
Violation #: 9Z0707358

Finding date: 01/29/2020
Finding: Committed
Court name: King County District Court

Statute: 46.30.020
Electronic ticket: Yes

CMV: No
Hazmat: No
Fatality: No
No test:
Exempt veh: No
16 Passenger: No
Amended ACD: No



Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 3/21/2022 9:39 AM

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Tickets

Description: S93 - Speeding Violation date: 04/06/2019 Violation #: 9Z0422063	Finding date: 05/17/2019 Finding: Committed Court name: Grays Harbor County District Court	Statute: 46.61.400.05 Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
Description: 9B - Reg Plate Vio Violation date: 01/20/2019 Violation #: 9Z0163444	Finding date: 03/21/2019 Finding: Committed Court name: Seatac Municipal Court	Statute: 46.16A.030.5.O Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: Yes
Description: B51 - Expired or no license Violation date: 09/30/2018 Violation #: 8Z0879937	Finding date: 11/01/2018 Finding: Guilty Court name: Pierce County District Court	Statute: 46.20.015 Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: Yes
Description: S93 - Speeding Violation date: 08/21/2018 Violation #: 8Z0631040	Finding date: 09/20/2018 Finding: Guilty Court name: Lacey Municipal Court	Statute: 46.61.400.14U Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
Description: B26 - Driving while license suspended Violation date: 08/21/2018 Violation #: 8Z0631043	Finding date: 03/05/2019 Finding: Guilty Court name: Thurston County District Court	Statute: 46.20.342.1C Electronic ticket: Yes	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
Description: B51 - Expired or no license Violation date: 07/16/2018 Violation #: 8Z0752417	Finding date: 08/14/2018 Finding: Guilty Court name: Pierce County District Court	Statute: 46.20.015 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
Description: B78 - Failed to show NCL Violation date: 03/19/2018 Violation #: 8Z0379085	Finding date: 03/29/2018 Finding: Guilty Court name: Pierce County District Court	Statute: 46.20.017 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No

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Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 3/21/2022 9:39 AM

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Tickets			
Description: 9B - Reg Plate Vio Violation date: 03/19/2018 Violation #: 8Z0379084	Finding date: 05/16/2018 Finding: Guilty Court name: Pierce County District Court	Statute: 46.16A.030.5.O Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
Description: B51 - Expired or no license Violation date: 03/04/2018 Violation #: 8Z0347324	Finding date: 04/05/2018 Finding: Guilty Court name: Kirkland Municipal Court	Statute: 46.20.015 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
Description: S94 - Driving too fast for conditions Violation date: 12/28/2017 Violation #: 7Z1307254	Finding date: 02/16/2018 Finding: Guilty Court name: Pierce County District Court	Statute: 46.61.400.1 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
Description: M34 - Following too closely Violation date: 11/23/2017 Violation #: 7Z1156666	Finding date: 01/19/2018 Finding: Guilty Court name: Pierce County District Court	Statute: 46.61.145 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
Description: D36 - Failed to maintain liability insurance Violation date: 07/18/2017 Violation #: 7Z0885157	Finding date: 09/11/2017 Finding: Guilty Court name: Lower Kittitas Co District Court	Statute: 46.30.020 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No
Description: S15 - Speeding 15+ MPH > limit Violation date: 07/18/2017 Violation #: 7Z0885157	Finding date: 09/11/2017 Finding: Guilty Court name: Lower Kittitas Co District Court	Statute: 46.61.400.15 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No 16 Passenger: No Amended ACD: No

Withdrawal History		
Description: D56 - Failed to answer citation Violation #: XZ0458481 Violation date: 05/25/2020	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 10/27/2020 End date: 1/19/2021 Withdrawing state: WA Drug: No test:

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Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 3/21/2022 9:39 AM

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Withdrawal History

Description: D56 - Failed to answer citation Violation #: XZ0020058 Violation date: 02/22/2020	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 07/26/2020 End date: 1/21/2021 Withdrawing state: WA Drug: No test:
Description: D35 - Failed to comply with financial responsibility Violation #: 0000544359 Violation date: 01/20/2019	Action taken: Suspension 3rd Degree Statute:	Start date: 06/16/2020 End date: 1/19/2022 Withdrawing state: WA Drug: No test:
Description: W00 - Non-ACD withdrawal Violation #: DHP130644517 Violation date: 09/18/2019	Action taken: Cancellation Statute:	Start date: 11/04/2019 End date: 12/10/2019 Withdrawing state: WA Drug: No test:
Description: D56 - Failed to answer citation Violation #: 9Z0422063 Violation date: 04/06/2019	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 07/03/2019 End date: 7/24/2019 Withdrawing state: WA Drug: No test:
Description: D56 - Failed to answer citation Violation #: 8Z0631040 Violation date: 08/21/2018	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 11/06/2018 End date: 2/7/2019 Withdrawing state: WA Drug: No test:
Description: D56 - Failed to answer citation Violation #: 8Z0631043 Violation date: 08/21/2018	Action taken: Suspension 3rd Degree Statute: 46.64.025	Start date: 10/20/2018 End date: 11/8/2018 Withdrawing state: WA Drug: No test:
Description: D35 - Failed to comply with financial responsibility Violation #: 0000115131 Violation date: 11/23/2017	Action taken: Suspension 3rd Degree Statute:	Start date: 07/16/2018 End date: 9/10/2019 Withdrawing state: WA Drug: No test:
Description: D53 - Failed to pay fine and costs Violation #: 7Z1156666 Violation date: 01/20/2018	Action taken: Suspension 3rd Degree Statute:	Start date: 03/09/2018 End date: 3/21/2018 Withdrawing state: WA Drug: No test:
Description: D53 - Failed to pay fine and costs Violation #: 7Z0885157 Violation date: 01/12/2018	Action taken: Suspension 3rd Degree Statute:	Start date: 03/03/2018 End date: 3/6/2018 Withdrawing state: WA Drug: No test:

Collisions

Accident date	Vehicle Action	Report number	Insured	# of vehicles	# of injured	# of fatalities	Veh class	Jur	CMV	Haz	Fata lity	16+ Pass	Note
01/20/2019	Moving	E884649		2	0	0			No	No	No	No	
11/23/2017	Moving	E741048		2	0	0			No	No	No	No	
12/28/2017	Moving	E752706		3	0	0			No	No	No	No	

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Driving Record - [REDACTED]
Abstract of Driving Record - Employment
This information is current as of 3/21/2022 9:39 AM

CERTIFIED

UTC Payment Confirmation Inbox x



WA UTC Payments <DoNotReply@utc.wa.gov>
to me ▾

11:22 AM (0 minutes ago) ☆ ↶ ⋮



Thank You for Submitting Your Payment

Your payment of \$1,390.85 has been processed on 4-18-2022 11:22 AM.
(Please allow up to three business days for this charge to post to your account.)

Confirmation Number: 18788

Payment For: regulatory fee

Company: PNW Moving and Delivery LLC

Any questions can be directed to Accounts Receivable, 360-664-1349.



↶ Reply

➡ Forward

2021 Annual report >



Dmitriy Satir <dmitriysatir@gmail.com>
to Rachel ▾

Mon, Apr 18, 11:24 AM (1 day ago)



Please let me know if I need to correct anything.

2 Attachments



← Reply

➔ Forward

Truck 4



Rental Agreement Summary
RA#: 1CQPJD
Renter: DMITRIY SATIR PNW MOVING
PNW MOVING AND DELIVERY
Billing Cycle: 24-HOUR

Dates & Times **Location**

Pickup
Thursday, January 28, 2021 8:28 AM 2602 PACIFIC HWY E
Start Charges: FIFE, WA 98424-1017
Thursday, January 28, 2021 8:28 AM (253) 922-5266

Anticipated Return
Thursday, February 4, 2021 8:00 AM 2602 PACIFIC HWY E
FIFE, WA 98424-1017
(253) 922-5266

Vehicle

2019 FRGT M2CA 26BX MD TRK License: WA C36461P
VIN: 3ALACWPC8KDKR0213 Vehicle: 7RTG9J
Pickup: ODO: 39415 Puel: 7/16
01/28/2021 @ 8:28 AM

Vehicle Condition:
Rear Bumper
Scratch: SIDE STEP BENT OUT
Front Bumper
Other: crack
Other: dent
Alignment: front bumper looks pushed in
Other: Rear ended a car unsure of damage
Other: Rear ended a car unsure of damage

Summary of Charges

Estimated Renter Charges

Charges	Price/Unit	Total
TIME & DISTANCE 1/28/21-2/4/21	\$525.00 / Week	\$525.00
DAILY RATE:	\$105.00 / Day	
WEEKLY RATE:	\$525.00 / Week	
MONTHLY RATE:	\$2100.00 / Month	
HOURLY RATE:	\$105.00 / Hour	
EXCESS DISTANCE CHARGE:	\$0.19 / Mile	
Optional Protections Accepted		
DW/CDW INCLUDED 1/28/21-2/4/21		Included
NO SLP - SEE MASTER AGREEMENT		
Optional Protections Declined		
RAP	@ \$5.99 / Day	\$0.00

PAI @ \$3.50 / Day \$0.00

Renter Acknowledgement of Accepted and Declined Protections
I acknowledge that I have accepted or declined protections as indicated above.

Taxes and Fees

VEHICLE LICENSE FEE RECOVERY	\$1.16 / Day	\$8.12
WA MOTOR VEHICLE EXCISE TAX (0.3%)	0.3%	\$1.58
SALES TAX (9.9%)	9.9%	\$52.77
Total Estimated Charge:		\$587.47
Payments:		
VISA *****2113	Sale	(\$787.47)

Renter Acknowledgement of Charges
I acknowledge that I have reviewed and agree to all Estimated Renter Charges and fees listed on Summary of Charges and further agree to pay for final charges in accordance with the Additional Terms and Conditions of this Contract.

Owner: EAN HOLDINGS, LLC

Additional Drivers
No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below.
(Additional driver names listed here if applicable)

Please keep this Rental Agreement Summary with you in the vehicle during the rental.

Local Addenda

WE OFFER FOR AN ADDITIONAL CHARGE THE FOLLOWING OPTIONAL PRODUCTS: DAMAGE WAIVER; PERSONAL ACCIDENT INSURANCE; SUPPLEMENTAL LIABILITY PROTECTION AND ROADSIDE ASSISTANCE PROTECTION. BEFORE DECIDING TO PURCHASE ANY OF THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE, CREDIT CARD OR OTHER COVERAGE PROVIDES YOU PROTECTION DURING THE RENTAL PERIOD. DAMAGE WAIVER DOES NOT PROVIDE PROTECTION FOR IMPROPER FUELING OR OVERHEAD DAMAGE TO THE PASSENGER COMPARTMENT


Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.



<p>PNW MOVING & DELIVERY LLC DBA: PNW MOVING & DELIVERY LLC</p>  <p>Form A022 (03/11)</p> <p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none">1. Remain at the scene. Don't admit fault.2. Find a safe location, call the police, and exchange driver information.3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com.</p> <p>PROGRESSIVE</p> <p>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p>INSURANCE IDENTIFICATION CARD - WASHINGTON</p> <p>Policy Number: 07501656-7 NAIC Number: 11770 Effective Date: 11/19/2021 Expiration Date: 05/19/2022 Policy Type: Commercial Insurer: UNITED FINANCIAL CASUALTY COMPANY 1-800-444-4487 PO BOX 94739 CLEVELAND, OH 44101</p> <p>Named Insured(s): PNW MOVING & DELIVERY LLC DBA: PNW MOVING & DELIVERY LLC</p> <p>Your: PROGRESSIVE INSURANCE SOLUTIONS 1-253-588-2525 10209 BRIDGEPT SW B1 LAKEWOOD, WA 98499</p> <table><thead><tr><th>Year</th><th>Make</th><th>Model</th><th>VIN</th></tr></thead><tbody><tr><td>2019</td><td>FREIGHTLINER</td><td>M2 106</td><td>3ALACWFC8KDKR0213</td></tr></tbody></table> <p>PROGRESSIVE Manage your policy anytime with just a few clicks at progressiveagent.com</p>	Year	Make	Model	VIN	2019	FREIGHTLINER	M2 106	3ALACWFC8KDKR0213
Year	Make	Model	VIN						
2019	FREIGHTLINER	M2 106	3ALACWFC8KDKR0213						

Truck 4

Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION	
Make: <i>Freightliner M2106</i>	Serial Number: <i>3ALACWFCL8KDKR0213</i>
Year: <i>2019</i>	Tire Size: <i>11R 22.5</i>
Company number/other ID: <i>truck 4</i>	Owner, if leased: <i>Enterprise Leasing Co</i>

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR
<i>March 28th 2022</i>	<i>Dropped off for a DOT inspection Milage 58,640</i>

VEHICLE SERVICE DUE STATUS REPORT

VEHICLE IDENTIFICATION

Make: Freightliner M2 106	Serial Number: 3ALACWELC9KDKR0213
Year: 2019	Tire Size: 11R 22.5
Company No/Other ID: truck 4	Owner, if leased: Enterprise Leasing Co

Date of Inspection	Type of Inspection	Mileage at Time of Inspection	Date Next Inspection Due	Mileage Type of Inspection Due	Inspection Due
3/29/2022	DOT Insp		3/29/2022		

Unit #: 4 7RTG9J			Mileage: 39991	VIN: ZALACWFL9KDR0213	Date: 2-15-21
OK	Needs Repair	Repair Date	System/Components		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Brake drums or rotors, brake hoses / tubing, air compressor, electric assist system, hydraulic brake system, vacuum system		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check inside box lights (switch may be in cab)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Ensure roll-up door operates smoothly and all hardware is secure also spray lube the roller bearings, hinge pivot points, & springs (do not spray tracks)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Protection against shifting cargo (i.e. make sure slats and e-track are in good condition and properly fastened)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Inspect belts and hoses for wear and cooling system for leaks. Visually inspect tensioner while engine is running		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check fan clutch (including air leaks at the fan drive and short line) and inspect for debris and damage on radiator and condenser		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Raise front wheels and grease king pins with NLGI #2 grease		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		While wheels are raised, rotate them to feel for bearing abnormalities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check and grease driveline, steering components, slack adjusters, s-cams, etc		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Drain fuel/water separator and change fuel filters during every PM		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Remove and inspect the engine air filter and replace if necessary (some air filters need to be clocked i.e. Isuzu and make sure the filter and lid are seated)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Change engine oil and oil filter. Put date and mileage on filters in plain sight after tightening.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Top-off all fluids with manufacturers recommended fluids and inform Enterprise if you spot non-recommended fluids i.e. wrong color coolant		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Test the DEF with a refractometer to ensure 32.5% urea content and no obvious contamination i.e. diesel fuel, etc.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check exhaust system for proper routing and mounting		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visible fuel leak, fuel tank filler cap missing, fuel tank securely attached		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check for any loose parts / improperly mounted parts that could separate from vehicle and fall onto the roadway		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Steering system, front axle beam and all steering components other than steering column		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Steering gear box, pitman arm, power steering, ball and socket joints, tie rods and drag links, nuts		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Any u-bolts, spring hangers, or other axle positioning parts cracked, broken, loose or missing resulting in shifting of an axle from its normal position		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Frame members, spring assembly, torque, radius, or tracking components		
List any other conditions which may prevent safe operation of this vehicle and obtain authorization from NSD PRIOR to doing the work.					
Shop Name (print): Kings Fleet Service					
Inspector's Name (print): Sean Cabanaq			Date: 2-15-21		
This inspector meets the qualifications...					

Enterprise Leasing Co of EAN Holdings LLC
Preventive Maintenance Inspection Checklist / Annual Vehicle Inspection Report
CERTIFICATION: This vehicle has passed all the inspection items for the annual inspection report in accordance with 49 CFR 396.

Unit #:		Mileage:	VIN:	Date:
7RTG9J		39991	3ALACWFL8KD20213	2-15-21
OK	Needs Repair	Repair Date	System/Components	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check fire extinguisher, safety triangle kit, and any other safety devices	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check A/C operation in summer and heat/defrost in winter	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check all mirrors for alignment, clarity, and proper pivot tightness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Ensure horn and back-up alarm are operable	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Brake system low pressure warning devices	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Ensure seat belts are operable and are in normal condition	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Report any dash warning lights (check A/C, Engine, ABS, etc.) we have an industry standard safety procedure for you to follow if the ABS light is on	

Truck 4



Rental Agreement Summary
RA#: 2CQPJD
Renter: DMITRIY SATIR PNW MOVING
PNW MOVING AND DELIVERY
Billing Cycle: 24-HOUR

Dates & Times **Location**

Pick up
Thursday, January 28, 2021 8:28 AM 2602 PACIFIC HWY E
Start Charge: FIFE, WA 98424-1017
Thursday, January 28, 2021 8:28 AM (253) 922-5266

Anticipated Return
Thursday, February 4, 2021 8:00 AM 2602 PACIFIC HWY E
FIFE, WA 98424-1017
(253) 922-5266

Vehicle

2019 FRGT M2CA 26BX MD TRK License: WA C36461P
VIN: 3ALACWFC8KDKR0213 Vehicle: 7RTG9J
Pickup: ODO: 39415 Fuel: 7/16
01/28/2021 @ 8:28 AM

Vehicle Condition:

Rear Bumper
Scratch: SIDE STEP BENT OUT
Front Bumper
Other: crack
Other: dent
Alignment: front bumper looks pushed in
Other: Rear ended a car unsure of damage
Other: Rear ended a car unsure of damage

Summary of Charges

Estimated Renter Charges

Charges	Price/Unit	Total
TIME & DISTANCE 1/28/21-2/4/21	\$525.00 / Week	\$525.00
DAILY RATE:	\$105.00 / Day	
WEEKLY RATE:	\$525.00 / Week	
MONTHLY RATE:	\$2100.00 / Month	
HOURLY RATE:	\$105.00 / Hour	
EXCESS DISTANCE CHARGE:	\$0.19 / Mile	

Optional Protections Accepted

DW/CDW INCLUDED
1/28/21-2/4/21 Included
NO SLP - SEE MASTER
AGREEMENT

Optional Protections Declined

RAP @ \$5.99 / Day \$0.00

PAI @ \$3.50 / Day \$0.00

Renter Acknowledgement of Accepted and Declined Protections

I acknowledge that I have accepted or declined protections as indicated above.

Taxes and Fees

VEHICLE LICENSE FEE RECOVERY	\$1.16 / Day	\$8.12
WA MOTOR VEHICLE EXCISE TAX (0.3%)	0.3%	\$1.58
SALES TAX (9.9%)	9.9%	\$52.77
Total Estimated Charge:		\$587.47

Payments:

VISA *****2113 Sale (\$787.47)

Renter Acknowledgement of Charges

I acknowledge that I have reviewed and agree to all Estimated Renter Charges and fees listed on Summary of Charges and further agree to pay for final charges in accordance with the Additional Terms and Conditions of this Contract.

Owner: EAN HOLDINGS, LLC

Additional Drivers

No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below.
(Additional driver names listed here if applicable)

Please keep this Rental Agreement Summary with you in the vehicle during the rental.

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Your ID Cards

Keep these cards handy—in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.



**PNW MOVING & DELIVERY LLC
DBA: PNW MOVING & DELIVERY LLC**



Form A022 (03/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

INSURANCE IDENTIFICATION CARD - WASHINGTON

Policy Number: 07501656-7 **NAIC Number:** 11770
Effective Date: 11/19/2021 **Expiration Date:** 05/19/2022
Policy Type: Commercial
Insurer: UNITED FINANCIAL CASUALTY COMPANY 1-800-444-4487
PO BOX 94739 CLEVELAND, OH 44101

Named Insured(s):

PNW MOVING & DELIVERY LLC
DBA: PNW MOVING & DELIVERY LLC

Your:

INSURANCE SOLUTIONS 1-253-588-2525
10209 BRIDGEPT SW B1
LAKEWOOD, WA 98495

Year	Make	Model	VIN
2019	FREIGHTLINER	M2 106	3ALACWFC8KDKR0213

PROGRESSIVE Manage your policy anytime
with just a few clicks at
progressiveagent.com

Truck 4

Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION	
Make: <i>Freightliner M2106</i>	Serial Number: <i>3ALACWFCRDKR0213</i>
Year: <i>2019</i>	Tire Size: <i>11R 22.5</i>
Company number/other ID: <i>truck 4</i>	Owner, if leased: <i>Enterprise Leasing Co</i>

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR
<i>March 28th 2022</i>	<i>Dropped off for a DOT inspection milage 121.58,640</i>

Unit #: 4 7RTG9J			Mileage: 39991	VIN: 2ALACWFL8KD0213	Date: 2-15-21
OK	Needs Repair	Repair Date	System/Components		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Brake drums or rotors, brake hoses / tubing, air compressor, electric assist system, hydraulic brake system, vacuum system		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check inside box lights (switch may be in cab)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Ensure roll-up door operates smoothly and all hardware is secure also spray lube the roller bearings, hinge pivot points, & springs (do not spray tracks)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Protection against shifting cargo (i.e. make sure slats and e-track are in good condition and properly fastened)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Inspect belts and hoses for wear and cooling system for leaks. Visually inspect tensioner while engine is running		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check fan clutch (including air leaks at the fan drive and short line) and inspect for debris and damage on radiator and condenser		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Raise front wheels and grease king pins with NLGI #2 grease		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		While wheels are raised, rotate them to feel for bearing abnormalities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check and grease driveline, steering components, slack adjusters, s-cams, etc		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Drain fuel/water separator and change fuel filters during every PM		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Remove and inspect the engine air filter and replace if necessary (some air filters need to be clocked i.e. Isuzu and make sure the filter and lid are seated)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Change engine oil and oil filter. Put date and mileage on filters in plain sight after tightening.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Top-off all fluids with manufacturers recommended fluids and inform Enterprise if you spot non-recommended fluids i.e. wrong color coolant		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Test the DEF with a refractometer to ensure 32.5% urea content and no obvious contamination i.e. diesel fuel, etc.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check exhaust system for proper routing and mounting		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visible fuel leak, fuel tank filler cap missing, fuel tank securely attached		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Check for any loose parts / improperly mounted parts that could separate from vehicle and fall onto the roadway		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Steering system, front axle beam and all steering components other than steering column		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Steering gear box, pitman arm, power steering, ball and socket joints, tie rods and drag links, nuts		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Any u-bolts, spring hangers, or other axle positioning parts cracked, broken, loose or missing resulting in shifting of an axle from its normal position		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Frame members, spring assembly, torque, radius, or tracking components		
List any other conditions which may prevent safe operation of this vehicle and obtain authorization from NSD PRIOR to doing the work.					
Shop Name (print): Kings Fleet Service					
Inspector's Name (print): Sean Cabanag				Date: 2-15-21	
This inspector meets the qualification requirements in section 396.19.					

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
PO BOX 42614
Olympia, WA 98504-2614
360-596-3815 safetynet@wsp.wa.gov

Report Number: WAU013000120
Inspection Date: 02/01/2022
Start: 12:10 PM PT End: 12:39:45 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

PNW MOVING & DELIVERY LLC
833 103RD ST S
TACOMA, WA 98444-2733

USDOT#: 02919585 Phone#: (253)579-7122
MC/MX#: Fax#:
State#:

Driver:
License#: State:
Date of Birth:
CoDriver:
License#: State:
Date of Birth:

Location: 2112 109TH STREET SOUTH
Highway:
County: PIERCE, WA

MilePost: TACOMA Shipper: NONE
Origin: TACOMA, WA Bill of Lading: NONE
Destination: TACOMA, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	FRHT	2019	WA	C36461P	4	3ALACWFC8KDKR0213	26,000		30923506	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	1 3/8	1 3/8
Left	1 3/8	1 3/4
Chamber	C-16	L-30

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
392.2RG	392.2	1	N		N	N	State vehicle registration or License Plate violation: NO REGISTRATION DISPLAYED/PROVIDED AT THE TIME OF INSPECTION.
393.9	393.9(a)	1	N		N	N	Inoperable Required Lamp: UPPER REAR CLEARANCE AND MARKER LAMPS INOPERATIVE AT THE TIME OF INSPECTION.
390.21A	390.21(a)	1	N		N	N	Not marked in accordance with regulations: TWO USDOT NUMBERS DISPLAYED. NEED TO BE FOR THE COMPANY OPERATING/RESPONSIBLE FOR THE VEHICLE. LEASED VEHICLE IS BEYOND 30 DAYS. NEED TO HAVE USDOT ON BOTH SIDES

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
TRACY COBILE

Badge #:
WAX825

Copy Received By:

Page 1 of 1

X _____

X



02919585 WA WAU013000120

UNIT# 7VGQSD



Registration Certificate

Model Year 2022	Make FRHT	Model TRUCK	Body Style Other	Vehicle identification number (VIN) 3ALACWFC2NDNF1335	Scale Weight 15,465
Plate/Tag no C84553W	Tab/Decal no P598111	Primary vehicle use type Commercial	Issue date 04/22/2021	Exp date 04/21/2022	
Plate/Tag no	Tab/Decal No	Vehicle use type	Issue date	Exp date	
Gross Weight 24,000	Gr wt start date 04/21/2021	Gross weight exp date 04/21/2022	Fleet no	Equip no	

Registered Owner
EAN HOLDINGS LLC
14002 E 21ST ST
STE 1500
TULSA OK 74134-1424

Legal Owner
Same as Registered Owner

Brands/Comments: 74363/2021, DOT 1499091, Commercial Vehicle Safety Enforcement Fee Paid, Display tab on back license plate only - front plate is still required

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and, as owner or authorized agent of the vehicle, it is free of any claim of lien, mortgage, conditional sale or other security interest of any person except the person or persons set forth as legal owners.

X _____
Signature of registered owner

X _____
Signature of registered owner

Date and place signed

Date and place signed

L0133877111

TD-420-802 (R/12/21) Page 1 of 2

Vehicle Information:		C84553W	3ALACWFC2NDNF1335	2022	FRHT	TRUCK	Other
Filing	Registration Filing						\$4.50
	Title Filing						\$5.50
Plate	Original Issue Plate						\$20.00
	Plate Reflectivity						\$4.00
Registration	Gross Weight						\$198.00
	Freight Project						\$30.00
	Com. Vehicle Safety						\$16.00
Service	Title Service Fee						\$15.00
	Registration Service Fee						\$8.00
Title	Vehicle Title Application						\$15.00
	Emergency Medical Services						\$6.50

Fee Total: \$322.50

Issue Date: 04/22/2021 You can get a copy of this cash/fee receipt detail at www.dol.wa.gov.

Skip a trip – go online www.dol.wa.gov

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.



<p>PNW MOVING & DELIVERY LLC DBA: PNW MOVING & DELIVERY LLC</p> <p></p> <p>Form A022 (03/11)</p> <p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none">1. Remain at the scene. Don't admit fault.2. Find a safe location, call the police, and exchange driver information.3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com.</p> <p>PROGRESSIVE</p> <p>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p>INSURANCE IDENTIFICATION CARD - WASHINGTON</p> <p>Policy Number: 07501656-7 NAIC Number: 11770 Effective Date: 11/19/2021 Expiration Date: 05/19/2022 Policy Type: Commercial Insurer: UNITED FINANCIAL CASUALTY COMPANY 1-800-444-4487 PO BOX 94739 CLEVELAND, OH 44101</p> <p>Named Insured(s): PNW MOVING & DELIVERY LLC DBA: PNW MOVING & DELIVERY LLC</p> <p>Your: INSURANCE SOLUTIONS 1-253-588-2525 10209 BRIDGEPT SW B1 LAKEWOOD, WA 98499</p> <table><thead><tr><th>Year</th><th>Make</th><th>Model</th><th>VIN</th></tr></thead><tbody><tr><td>2022</td><td>FREIGHTLINER</td><td>M2 106</td><td>3ALACWFC2NDNF1335</td></tr></tbody></table> <p>Manage your policy anytime with just a few clicks at agent.progressive.com</p>	Year	Make	Model	VIN	2022	FREIGHTLINER	M2 106	3ALACWFC2NDNF1335
Year	Make	Model	VIN						
2022	FREIGHTLINER	M2 106	3ALACWFC2NDNF1335						

INSURANCE SOLUTIONS
10209 BRIDGEPT SW B1
LAKEWOOD, WA 98499
1-253-588-2525



Policy number: 07501656-7

Underwritten by:
UNITED FINANCIAL CASUALTY COMPANY
February 16, 2022
Page 1 of 1

Certificate of Insurance

Certificate Holder

Additional Insured
UTILITIES AND TRANS
PO BOX 47250
OLYMPIA, WA 98504

Insured

PNW MOVING & DELIVERY LLC
PNW MOVING & DELIVERY LLC
708 133RD STREET S
TACOMA, WA 98444

Agent/Surplus Lines Broker

INSURANCE SOLUTIONS
10209 BRIDGEPT SW B1
LAKEWOOD, WA 98499

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Nov 19, 2021

Policy Expiration Date: May 19, 2022

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$750,000 COMBINED SINGLE LIMIT
UNDERINSURED MOTORIST BODILY INJURY	\$750,000 COMBINED SINGLE LIMIT
UNDERINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$100 DED (\$300 IF HIT & RUN)
MOTOR TRUCKING CARGO	\$25,000 W/\$1,000 DED

Description of Location/Vehicles/Special Items

Scheduled autos only

2022 FREIGHTLINER M2 106 3ALACWFC2NDNF1335

Certificate number

04722NET656

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

truck 5

Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION	
Make: Freightliner M2 106	Serial Number: 3ALAC2NDNF1335
Year: 2022	Tire Size: 11R 22.5
Company number/other ID: truck 5	Owner, if leased: Enterprise Leasing CO

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR
2/18/2022	Break shoe, wheel seal, Break clean

VEHICLE SERVICE DUE STATUS REPORT

VEHICLE IDENTIFICATION

Make: <i>Freightliner M2 106</i>	Serial Number: <i>3ALAC2NDNF1335</i>
Year: <i>2022</i>	Tire Size: <i>11R 22.5</i>
Company No/Other ID: <i>truck 5</i>	Owner, if leased: <i>Enterprise Leasing CO</i>

Date of Inspection	Type of Inspection	Mileage at Time of Inspection	Date Next Inspection Due	Mileage Type of Inspection Due	Inspection Due

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
 Commercial Vehicle Enforcement Section
 PO BOX 42614
 Olympia, WA 98504-2614
 360-596-3815 safety@wsp.wa.gov

Report Number: WAU013000121
 Inspection Date: 02/02/2022
 Start: 08:57 AM PT End: 9:22:01 AM PT
 Inspection Level: V - Terminal
 HM Inspection Type: None

PNW MOVING & DELIVERY LLC
 833 103RD ST S
 TACOMA, WA 98444-2733
 USDOT#: 02919585 Phone#: (253)579-7122
 MC/MX#: Fax#:
 State#:
 Location: 2112 109TH STREET SOUTH
 Highway:
 County: PIERCE, WA

Driver:
 License#: State:
 Date of Birth:
 CoDriver:
 License#: State:
 Date of Birth:
 MilePost: TACOMA Shipper: NONE
 Origin: TACOMA, WA Bill of Lading: NONE
 Destination: TACOMA, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	FRHT	2022	WA	C84553W	5	3ALACWFC2NDNF1335	26,000			020952

BRAKE ADJUSTMENTS

Axle #	1	2
Right	1 1/4	1 3/8
Left	1	1 1/2
Chamber	C-16	L-30

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
392.2IN	392.2	1	N		N	N	State Insurance Violation: NO INSURANCE INFORMATION PROVIDED AT THE TIME OF THE INSPECTION.
396.5B-HWSLIW	396.5(b)	1	Y		U	N	Hubs - Wheel seal leaking - inner wheel: LEFT SIDE AXLE 1 INNER WHEEL SEAL LEAK WITH CONTAMINATION OF THE BRAKE LININGS.
390.21A	390.21(a)	1	N		N	N	Not marked in accordance with regulations: VEHICLE IS DISPLAYING TWO USDOT NUMBERS AND ONLY ONE SIDE IS DISPLAYING THE CORRECT USDOT NUMBER AND CARRIER NAME.
396.3A1B	396.3(a)(1)	1	N		N	N	Brakes (general) Explain: APPLIED AIR LEAK AT THE ENGINE FIRE WALL HOSE BUNDLE. AIR LOSS RATE TEST OK.

HazMat: No HM Transported. **Placard:** No **Cargo Tank:**
Special Checks: No Data for Special Checks.

Violations marked as out of service (OOS) must be repaired before vehicle (s) can be operated. If OOS for brake adjustment, all brakes must be within proper adjustment before vehicle (s) can be operated.

I certify that repairs were made.
 Signature Of Repairer X: _____ Facility: _____ Date: _____
 The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.
 Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By: TRACY COBBLE X 3/25/25 3/25/25 X
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AIRPORT, BURIEN & COLUMBIA TOWING

- DO NOT CRANK
- NO BRAKES
- BRAKES CAGED
- DRIVESHAFT OUT
- AXLES WERE REMOVED
- INSPECT DRIVESHAFT
- _____

AIRPORT, BURIEN & COLUMBIA TOWING
817 SW 149TH ST
SEATTLE, WA 98166
206-243-6252

Vehicle Safety Inspection
OUT OF SERVICE
of Service Order Number - 020952

INSPECTED USING THE NORTH AMERICAN STANDARD S AND PLACED OUT OF SERVICE PER THE NORTH AMERICAN STANDARD CRITERIA. THIS VEHICLE IS NOT TO BE DRIVEN UNTIL ALL OUT OF SERVICE DEFECTS ARE REPAIRED.

NO PERSON TO MUTILATE, DESTROY, REMOVE, OR DISPLAY OF THIS STICKER UNTIL STANDARDS OF REPAIR ARE MET.

Defect(s) requiring repair prior to operation include:

<input checked="" type="checkbox"/> Vehicle Lighting	<input type="checkbox"/> Tires/Wheels/Hubs	<input type="checkbox"/> Brake Components
<input type="checkbox"/> Windshield	<input type="checkbox"/> Exhaust	<input type="checkbox"/> Suspension
<input type="checkbox"/> Fuel System	<input type="checkbox"/> Frame	<input type="checkbox"/> Cargo Securement

Violation of a federal/state OUT OF SERVICE ORDER

1825 Badge #: _____ Date: 2/2/22

45 A1 Wheel Seal
E-COAT
2/2/22

Use of this sticker from a school bus is prohibited unless done by the Chief of the Washington State Patrol or his/her designee.

(Motor Vehicle Laws of the State of Washington RCW 46.32 - Violation of Out of Service Orders)

3000-150-133 (R 1/14)

Repaired truck picked up 2/15/2022

#5

EAN Holdings LLC
 Preventive Maintenance Inspection Checklist / Annual Vehicle Inspection Report

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 384.

Unit # 7VGRSD	Mileage 60977
Date 20 OCT 21	Complete VIN: 3ALACWFCDJDA1P335

Vehicle System / Components Inspected

OK	NEEDS REPAIR	REPAIRED DATE	System / Components
✓			Check fire extinguisher, safety triangle kit, and any other safety devices
✓			Check A/C operation in summer and heat/defrost in winter
✓			Check all mirrors for alignment, clarity, and proper pivot tightness
✓			Ensure horn and back-up alarm are operable
✓			Brake system low pressure warning devices
✓			Ensure seat belts are operable and are in normal condition
✓			Report any dash warning lights (check A/C, Engine, ABS, etc.)
✓			Steering wheel free play and steering column
✓			Check windshield for discoloration, cracks, or chips, windshield wiper and washer function, windshield wiper blades. (reference 393.80 for exceptions)
✓			Always wear DOT stickers at every PM and check for current license plate stickers
✓			Inspect underside of vehicle for any fluid leaks including wheel seals and pinion seal, etc.
✓			Ensure front hub oil level is correct (could be synthetic)
✓			Inspect outside condition of roll-up door
✓			Ensure the box side door operates well and latches are in place
✓			Check battery terminals for corrosion, check for tight connections, record charging system voltage at batteries volts (spray connections with protector)
✓			Check body mounting u-bolts, mud flaps, and dock bumpers
✓			Run completely up and down and check safety latch (grease/lube pivot points), top off with proper fluid, check wiring connections and routing
✓			All lighting devices and reflectors required by Section 393 shall be operable / proper condition
✓			Tires: Record tread depth and pressure, inflate as needed (16-80psi, 24-100psi) 2012 and up Mitsubishi gets 100psi for the 210/75R17.5 tires
✓			LFI 1100 LRI 247700 (32nds/psi)
✓			RFI 1100 RRO 247700 RRI 247700 (32nds/psi)
✓			Tires: inspect for any abnormal wear and proper size and load rating
✓			Tire and wheel clearance, lock or side flags of wheels or rims, wheels or rims, fasteners, welds
✓			Perform visual brake system inspection (brakes of friction material remaining, e.g. 1/16")
✓			LFI 70 LRI 70 RFI 70 RRO 70
✓			Service brakes (check service brakes for proper operation and leaks)
✓			Check parking brake system to ensure proper operation
✓			Brake drums or rotors
✓			Brake hoses / fitting
✓			Air compressor
✓			Electric brakes
✓			Hydraulic brakes
✓			Vacuum systems
✓			Check inside box lights (switch may be in cab)
✓			Ensure roll-up door operates smoothly and all hardware is secure
✓			Protection against shifting cargo (i.e. make sure slide and a-track are in good condition and properly fastened)
✓			Inspect belts and hoses for wear (make sure not chafing and have proper routing) and routing system for extra
✓			Check fan clutch and washer for leaks and strength on nozzle, and electrical
✓			Raise front wheels and grease king pins with NLGI #2 grease
✓			While wheels are raised, rotate them to feel for bearing abnormalities
✓			Check and grease driveline, steering components, shock adjusters, u-bolts, etc.
✓			Drain fuel/water separator, or change fuel filters as required by Enterprise
✓			Inspect air filter restriction gauge. (Do not remove filter to inspect)
✓			Change engine oil and oil filter. Drain all filters in plastic right after tightening
✓			Top-off all fluids with manufacturers recommended fluids and SAEW Enterprises if you spot non-recommended fluids i.e. wrong color coolant
✓			Any exhaust system determined to be leaking at a point forward of or directly below the driver/passenger compartment
✓			Check exhaust system for proper routing and mounting
✓			Visible fuel leak, fuel tank filler cap missing, fuel tank securely attached
✓			Check for any loose parts / improperly mounted parts that could separate from vehicle and fall onto the roadway
✓			Steering system, front axle beam and all steering components other than steering knuckle
✓			Steering gear box, pitman arm, power steering, ball joint and rack, tie rods and drag link, nuts
✓			Any u-bolts, spring hangers, or other axle supporting parts cracked, worn, loose or missing resulting in shifting of an axle from its normal position
✓			Frame members, spring assembly, torque, radius, or tracking components

This inspector meets the qualification requirements in section 393.10
 Inspector's Name (print): **DARRON C. SAPP** Date: **20 OCT 21** SHQP Name & Location: **FRACK'S FIVE WA**