

February 1, 2016

Mathew Perkinson  
1300 S. Evergreen Park Dr. SW  
P.O. Box 47250  
Olympia, WA 98504-7250

Dear Mr. Perkinson:

Attached you will find my response to the following Violations that my company was cited. Also you will find the company's Manual Operational Procedure for implementation.

If you have further questions and/or inquiry, please do not hesitate to call me at (206) 458-1245.

Respectfully,



Jorge H. Luna-Lopez  
Owner  
EDL Movers

**EDL MOVERS (JORGE H LUNA LOPEZ)**  
**U.S. DOT# 1953795**

**REVIEW DATE**  
**01/22/2016**

1. State Critical Primary : 395.8(a)

- Driver's Duty Status
  - This violation was not done intentionally. It occurred due to the lack of awareness of documentation and paper trail follow up. This lead to non-filing which resulted to lost paper works.

Solution:

- Check Procedure Operation Manual for implementation.

2. Federal Primary : 391.45(b) (1)  
Secondary : 391.11(a)

- Driver's Medical Examination Record
  - This violation occurred due to the lack of knowledge regarding the frequency of the Medical Examination for drivers in the field.

Solution:

- See attached Medical Examination Record
- Check Procedure Operation Manual for implementation

3. State Primary: 391.51(a)  
CFR Equivalent: 391.51(a)

- Driver's Requirments/Qualification
  - This violation occurred due to the lack of knowledge of the company.

Solution:

- See attached Certification/Training completed
- See attached Driver's License
- Check Procedure Operation Manual for implementation

4. State Primary : WAC 480-15-555  
Secondary: RCW 81.80.130

- Employee's Requirements/Qualification
  - This violation occurred due to the lack of knowledge of the company criminal background check procedure as required by the State in this business field.

Solution:

- Check Procedure Operation Manual for implementation

5. State Primary : 396.3(b)(2)  
CFR Equivalent: 396.3(b) (2)

- Vehicle Periodic Maintenance
  - This violation occurred due to the lack of knowledge of the company of periodic maintenance schedule procedure for vehicle(s) as required by the State in this business field.

Solution:

- Check Procedure Operation Manual for implementation

## PROCEDURE OPERATION MANUAL

### EMPLOYMENT WITH EDL MOVERS:

- An application for employment and a driver resume to be submitted and on file with the company. Included in the application and Resume are the following information, depending on the position that the employee is hire for.
  - Driving experience –type of Vehicles
  - Any Accident Record for the past 3 years (if any)
  - Any traffic violation in the past 3 years (if any)
  - Recent Medical Record
  - Recent Vision Record
  - Drug and Alcohol Test
  - Recent Criminal Background Check Record
  - Recent Certification/Training/Workshop Received as required by State
  - List of Previous Employer for References
  
- All employees are subject to the following Annual requirement:
  - Medical/Physical check up
  - Vision Record check up
  - Drug and Alcohol
  - Criminal Background Check
  - State Certification/Training/Workshop as required by each state
  - Safety Training

## VEHICLE INSPECTION:

- Every vehicle of the company that is use for delivery is inspected everyday/regularly whether it is leaving the station for the day or not in service.
- Inspection before the vehicle is operated
- The following are to be inspected thoroughly on a daily bases.
  - Service Brakes, Parking Brakes
  - Tires/Wheels and Rims
  - Emergency Equipment
  - Horn
  - Vehicle Fluids
  - Steering Mechanisms
  - Lighting Device and Reflectors
  - Rear and Side Vision Mirrors
  - Windshield wipers
  - Gas
  - Odometer
  - Other(s): \_\_\_\_\_
  - Other(s): \_\_\_\_\_
  -
- ❖ **If and when any of these components or any other components of the vehicle are found defective, the said vehicle will be out of service. The vehicle will inspected and repaired by the certified mechanic. An approval of service from the certified mechanic is needed before it goes back for service.**
- The vehicle is inspected by a certified mechanic on a monthly bases to make sure that the major parts, such as engine, transmission, etc. are in satisfactory condition.

- The vehicle, at all times must have, the Insurance Information, the certified mechanic inspection, the vehicle registration, the driver's information, such as medical/vision clearance, THG license, and all the necessary State requirement to drive the vehicle.

## PROCEDURE OF DELIVERY:

- The owner of the company calls the Consignee to schedule an appointment to go to the location of pick up and/or delivery. During this appointment the owner will inspect and review the job at hand, i.e. location, vehicle parking, stairs, elevator, hills, etc. The Consignee will be given a verbal and written Estimated Costs For Services Form and the Date and Time of pick up and/or delivery.
- The Consignee is given the company's e-mail address for any necessary changes, questions and/or concern.
- The Consignee is notified the day before the Schedule Pick up and/or Delivery for confirmation.
- The Consignee is notified 30minutes prior to the scheduled time.
- The driver log in the Date and time the vehicle left and arrives the destination. (See Attached Form)
- The driver must have with him the original Bill of Lading for the day (See attached form). Driver must be sure that the form is properly fill out and signed by both parties. Upon return to the company, the original must be filled for record keeping.

**INSURANCE INFORMATION:**

See Attached for Business Insurance Coverage and Insurance Bond.

**CERTIFIED MECHANIC INFORMATION:**

See Attached information.



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 391.31(e)(f)(g))

CERTIFICATION OF ROAD TEST

Driver's Name Jorge H. Luna-Lopez  
Social Security Number [REDACTED]  
Operator's or Chauffeur's License Number [REDACTED]  
State WASHINGTON  
Type of Power Unit Gas  
Type of Trailer(s) BOX TRUCK  
If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on January 14, 2016, consisting of approximately 45 miles of driving.

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

[Signature]  
(Signature of Examiner)

Owner  
(Title)



**Driving Record - [REDACTED]**

**CERTIFIED**

Abstract of 3 Year Driving Record - Non-commercial  
This information is current as of 1/13/2016 4:23:14 PM

Driver information
[REDACTED]

Driver license status
[REDACTED]

ID status
[REDACTED]


Tickets
[REDACTED]

Collisions
[REDACTED]

WA  
USA

# WASHINGTON DRIVER LICENSE

2319KAS11655




4d LIC# [REDACTED] DONOR

1 LUNA LOPEZ  
2 JORGE HUMBERTO

3 DOB [REDACTED] 4a Iss 02-03-2016

15 Sex M 16 Hgt 5-08  
17 Wgt 150 18 Eyes BRN  
9 Class 9a End NONE  
12 Restrictions NONE



4b Exp 04-28-2019

5 DD [REDACTED] Rev 08-18-2009

~~TEMP EXP 03-19-2016~~

MEDICAL EXAMINER'S CERTIFICATE		
I certify that I have examined <u>EDWARD FAURER</u> in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-43) and who I believe is fit to drive a commercial motor vehicle, if applicable, as follows:		
<input type="checkbox"/> wearing corrective lenses <input type="checkbox"/> wearing hearing aid <input type="checkbox"/> accompanied by a _____	<input type="checkbox"/> driving within an exempt territory zone (49 CFR 391.61) <input type="checkbox"/> accompanied by a valid Performance Evaluation Certificate (PEC) <input type="checkbox"/> qualified by operation of 49 CFR 391.64	
The information I have provided regarding the physical examination is true and complete. A complete examination form with any attachments embodies my findings completely and correctly, and is on file in my office.		
SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
	425-291-3300	01-13-2016
MEDICAL EXAMINER'S NAME (PRINT) J. DAVID PIATT	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. (ISSUING STATE) MD00044826/WA	NATIONAL REGISTRY NO.	
	4702603181	
SIGNATURE OF DRIVER	INTERSTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> CLASS <input type="checkbox"/> NO CLASS
		STATE WA
1/13/18		

15 Day Letter

EDL Movers

2/12/2016



Duke's Truck Repair Inc.

2401 Airport Way So.  
Seattle, WA 98134

# Invoice

Phone #	Fax #
206-623-1394	206-623-8643

Date	Invoice #
2/3/2016	380124

Bill To
EDL MOVERS 1312 14TH AVE S, APT #2 SEATTLE, WA 98144

Unit Number	License	Mileage	P.O. Number
	B73877K		

Quantity	Description	Rate	Amount
	EDL MOVERS HAS AN APPOINTMENT FOR A PREVENTIVE MAINTENANCE SERVICE ON MONDAY FEBRUARY 15, 2016 AT 10AM  GMC C6500 1998 YR VIN# 1GDJ7H1P1WJ850678 SALES TAX	9.60%	0.00
<div data-bbox="531 1633 808 1728" data-label="Text"> <p>Thank you for choosing Duke's Truck Repair</p> </div>			
<b>Total</b>			\$0.00

DUKES TRUCK REPAIR HAS A 6 MONTH LABOR AND 1 YEAR PARTS WARRANTY. WE ARE NOT RESPONSIBLE FOR LOST, STOLEN OR DAMAGED PROPERTY IN CAB OR ON TRUCK WHILE DOING REPAIRS.

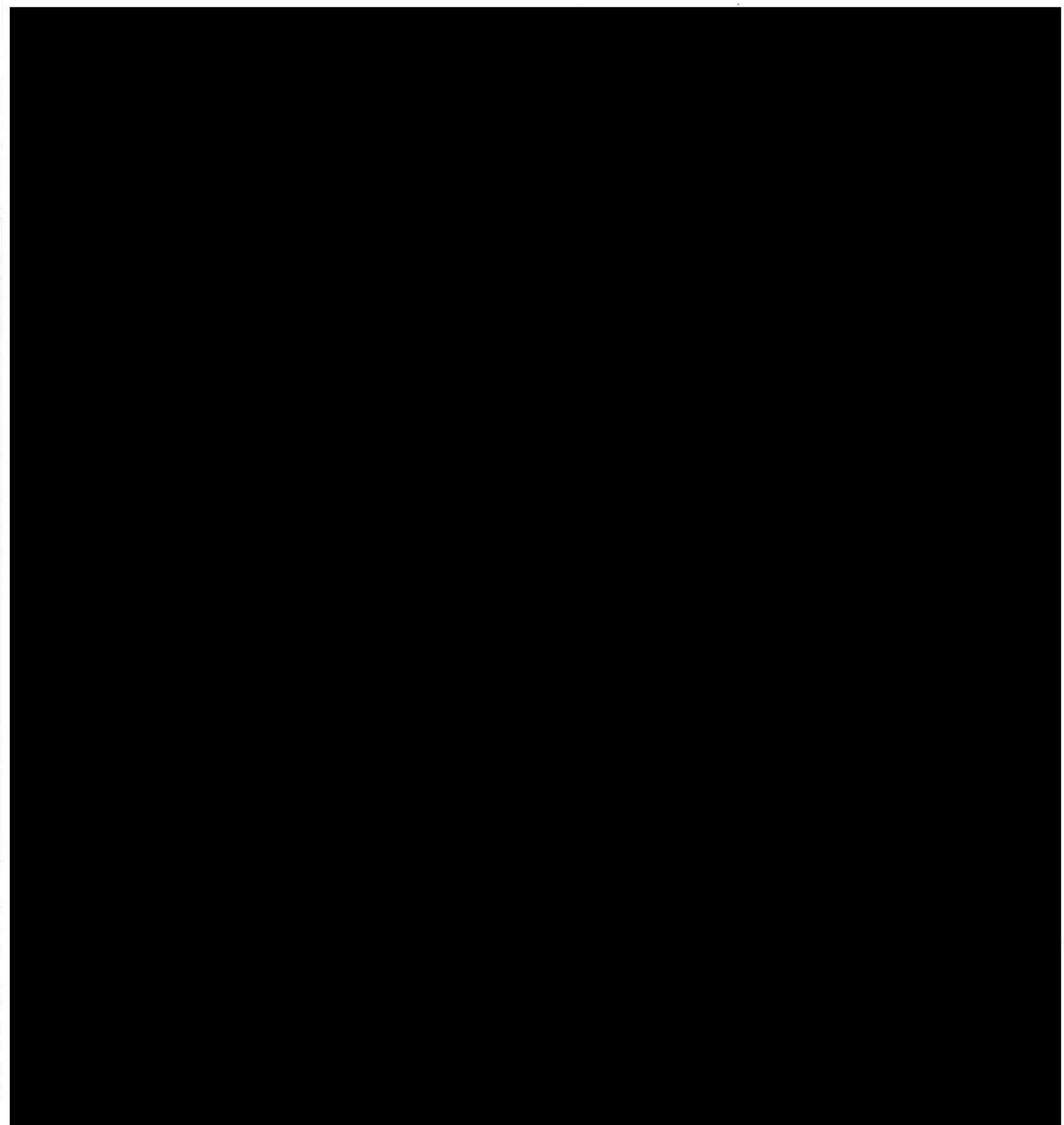
15 Day Letter

EDL Movers

2/12/2016

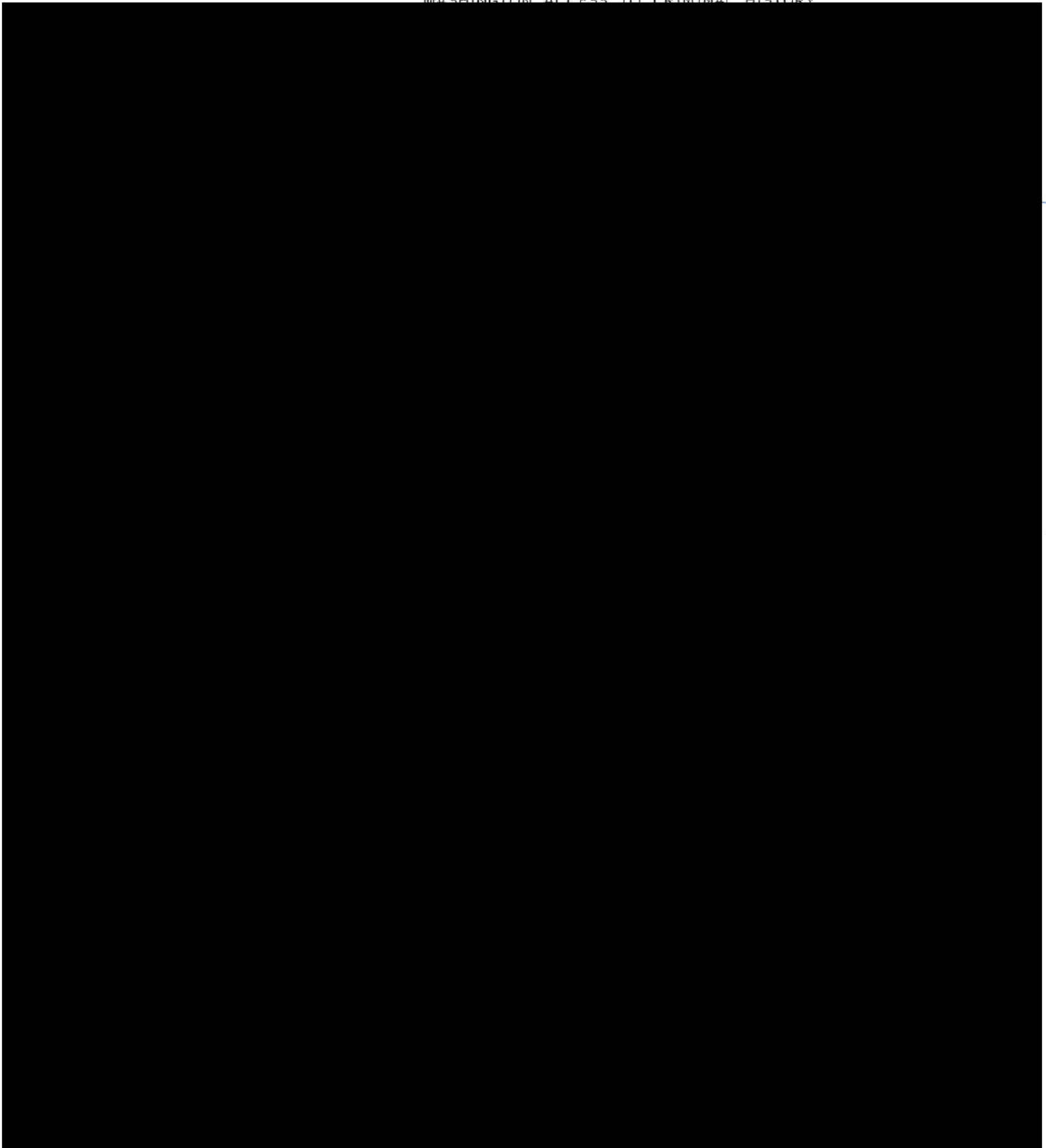
1/14/2016 <https://fortress.wa.gov/wsp/watch/Home/PrintResponse?Search=2&PurposeCode=V&QueryParameter=wNtZg65hL3Q=&CandCount=&Acco...>

**WSP WATCH**  
WASHINGTON ACCESS TO CRIMINAL HISTORY



# WST WATCH

WASHINGTON STATE SYSTEM  
WASHINGTON ACCESS TO CRIMINAL HISTORY



15 Day Letter

EDL Movers

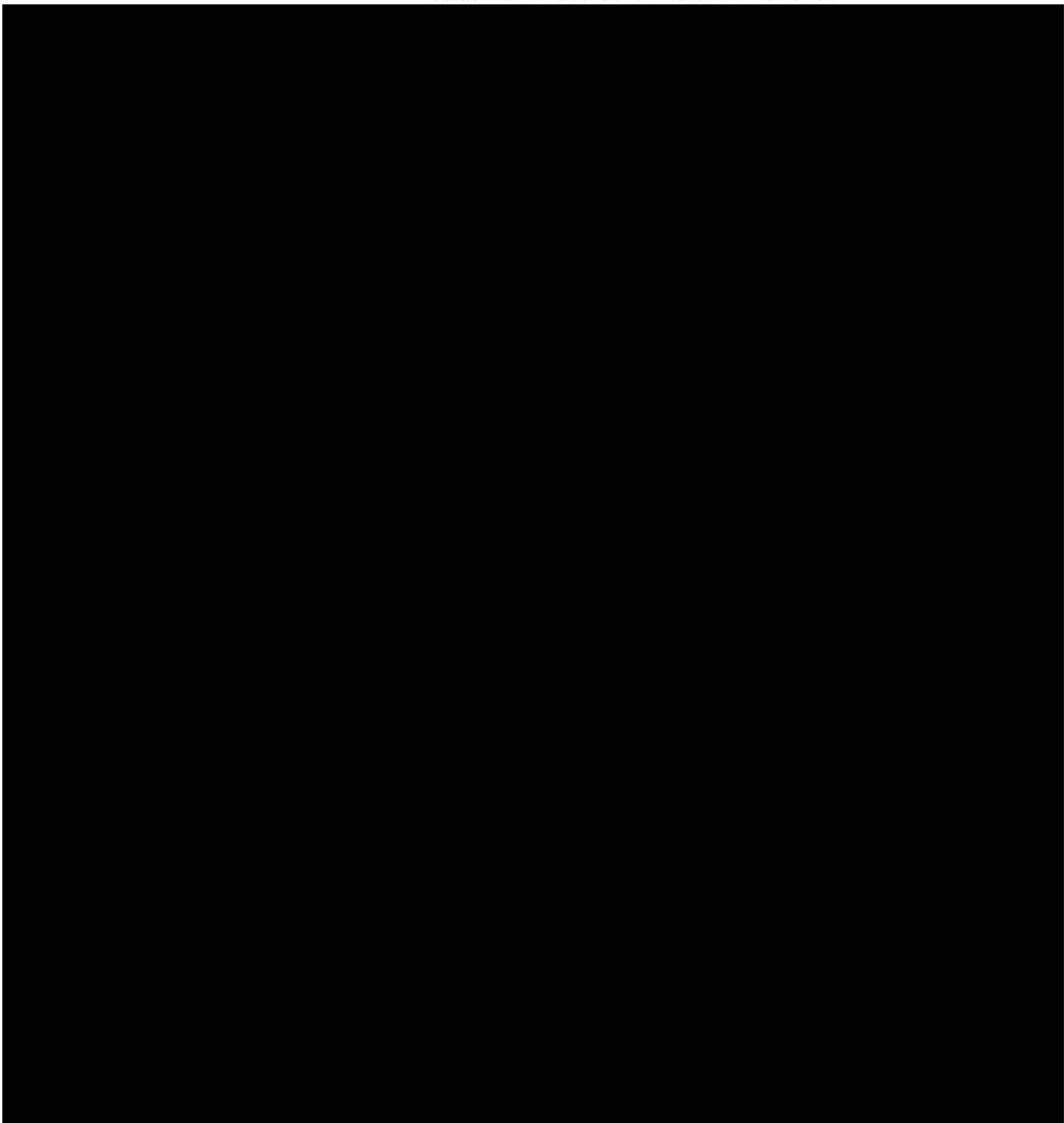
2/12/2016

1/14/2016 <https://fortress.wa.gov/wsp/watch/Home/PrintResponse?Search=2&PurposeCode=V&QueryParameter=9gZGW14557654GwX0=&CandCoun...>

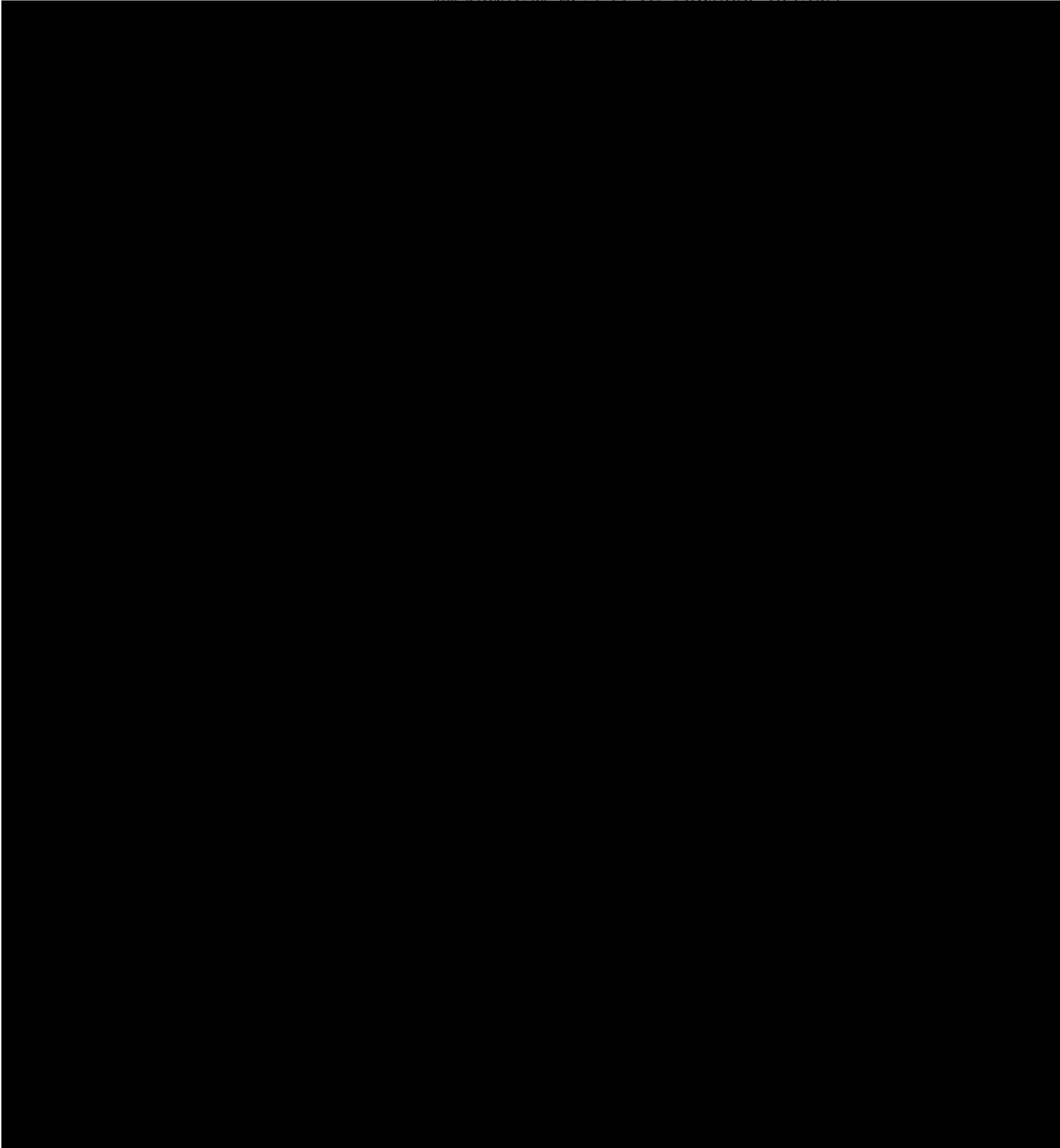


# WATCH

WASHINGTON ACCESS TO CRIMINAL HISTORY







**Perkinson, Mathew (UTC)**

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**From:** Edl Movers <edlmovers@gmail.com>  
**Sent:** Thursday, February 04, 2016 1:40 PM  
**To:** Perkinson, Mathew (UTC)  
**Subject:** Driver log  
**Attachments:** DRIVER LOG JANUARY.pdf

Hi Mathew,

Here's attached the driver log for the month of January. This will be used for for me when it comes to drive my truck. I really appreciate that your patience with this process and I look forward to keep working with you.

Please let me know if you need anything else from me, otherwise I will see you in the next training day in March 17th at Olympia to keep learning about safety.

Thank you,  
Jorge Luna

*From the Personal Desk Of EDL MOVERS*

*Direct Line [206-458-1245](tel:206-458-1245)*

**email:** [edlmovers@gmail.com](mailto:edlmovers@gmail.com)

[www.edlmovers.com](http://www.edlmovers.com)

*1312 14th Ave S,#2*

*Seattle WA, 98144*



### Driver Time Record

Driver's Name (Print): Jorge Luna

Month: January Year: 2016

Employee No. 1

COMPANIES MAY PREPARE THIS REPORT INSTEAD OF THE DRIVERS DAILY LOG IF THE FOLLOWING APPLY:

The driver operates wholly within 100 air mile radius of the work reporting location (150 air mile radius for NON C property carrier drivers), the driver is released from work at the work reporting location within 12 consecutive hours and the driver has at least 10 consecutive hours off duty (8 consecutive hours off duty for Passenger carrier). The drivers are still subject to the maximum driving and on duty times per CFR 49 Part 395.

Date	Start Time	Stop Time	Total On Duty Time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15	7:20 am	11:56 am	4/36 min
16	7:30 am	1:00 pm	5.5 hrs
17			
18			
19			
20			
21			
22			
23			
24	9:00 am	1:45 pm	4.75 hrs
25			
26			
27			
28			
29	1:45 pm	4 pm	2.25 hrs
30	7 am	2 pm	7 hrs
31	11:40 pm	5:58	6/18 min