

1300 S. Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

Type of Household Goods Authority Requested – check one

Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Vincent Carroll, LLC

Trade Name, if applicable Vincent Pro Moving

Physical Address 8451 35th Avenue SW, Seattle, WA 98126

Mailing Address Same as Physical

Telephone Number (206) 617-2712 Fax Number () N/A

Email: vcarroll@vincentpromoving.com

BUSINESS INFORMATION - continued

Is your business registered with the Department of Revenue? No Yes

UBI #: 604 282 159 (001 0001) USDOT #: _____

If you currently do not have a USDOT number, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.

Department of Labor & Industries (L&I) Worker's Comp account # N/A: Owner sole employee of LLC at this time. Exempt for now.

Employment Security Department (ESD) registration # N/A: Owner sole employee of LLC at this time. Exempt for now.

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.
I understand the requirements set forth once I hire employees. At this time, I am doing one-person moves and plan to partner with another small moving business, as needed. Should I choose to engage day labor, I understand the temp agency must perform a background check. As I grow the business, I will then engage part-time employees.

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
Vincent Carroll	Owner	100%

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Personalized, local residential moves. Plan to focus on South Seattle-Tacoma Corridor. Providing specialty moves (e.g. antiques, large furniture), last minute needs, elderly moves.

2. Briefly describe your experience in the transportation/household goods moving industry: Over two decades of moving experience with other moving companies.

3. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 No Yes If yes, please indicate your permit number _____

4. Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington?
 No Yes If yes, please explain _____

5. Do you currently operate interstate? No Yes If yes, please indicate your MC# _____

6. Do you operate interstate as an agent of another company? No Yes
 If yes, what is the name of the company? _____

7. Do you have, or have you ever had a business-related legal proceeding against you in Washington, or in any other state? No Yes If yes, please list below:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

Type of Conviction	Date	City/State

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

Violation	Date	RCW/WAC

*attach additional pages if necessary

FINANCIAL STATEMENT

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 500.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 4,000.00	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 4500.00	TOTAL LIABILITIES & NET WORTH	\$ 4,500.00

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2002	GMC	636CKS	1GDHG31R121901870	14,100 lbs.

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. **Please attach evidence of your enrollment in a drug and alcohol testing program.**

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

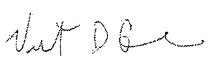
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: Vincent Carroll	Position: Owner
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OPERATIONAL RESPONSIBILITIES		
Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.		
Name: Vincent Carroll	Position: Owner	
STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.		
Name: Vincent Carroll	Position: Owner	
If you would like to receive information about new household goods carriers, check here <input type="checkbox"/>		
DECLARATION OF APPLICANT		
I understand that filing this application does not in itself constitute authority to operate as a household goods mover.		
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.		
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.		
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.		
I understand the commission will complete a criminal background check on each person named in the application.		
I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.		
Vincent D. Carroll		August 10, 2018 - Seattle, WA
Print name of applicant	Signature of Applicant	Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

337981351621

4d LIC [REDACTED]

1 CARROLL

2 VINCENT DUWAINE

3 DOB [REDACTED]

4a Iss 03-22-2017

15 Sex M 16 Hgt 6-02

17 Wgt 280 18 Eyes BRN

9 Class 9a End NONE

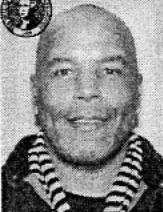

4b Exp 03-24-2023

12 Restrictions NONE

5 DOB [REDACTED]

Rev 89-16-2009

V. Duwa



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Vincent Carroll

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Rick Block, GENERAL MANAGER, PROSSER PIANO ORGAN

Address (include street address, mailing address, city, state, zip, and county):
5849 TACOMA MAIL BLVD. TACOMA WA 98409 SUITE A

Phone Number:

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
WE HAVE A BUSINESS THAT SELLS MUSICAL INSTRUMENTS + HAVE A NEED FOR A COMPANY WHO WE CAN COUNT ON

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
YES FOR ALL OF OUR DELIVERIES

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
WE HAVE KNOWN VINCENT FOR MANY YEARS AND ARE VERY SATISFIED WITH HIS WORK ETHIC + HAVE RECEIVED POSITIVE INPUT FROM CUSTOMERS + STAFF

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
WITHOUT HESITATION I WOULD RECOMMEND VINCENT FOR ANY JOB OR POSITION WITH OUR COMPANY OR ANY OTHER HE IS AN OUTSTANDING INDIVIDUAL !!!

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date: **4/29/2018**

Rick Block Location (City, State, County): **TACOMA, WA. PIERCE**

Signature of Person Completing Form Date and Location



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Vincent Carroll

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Sharon McMillan; Service Manager; Allegro Piano Service

Address (include street address, mailing address, city, state, zip, and county): 5849 Tacoma Mall Blvd Ste A Tacoma, WA 98409

Phone Number: 253-475-1977

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: Delivery + move of pianos + organs

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: Delivery + move of pianos + organs

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: Moving + delivering pianos is a specialized skill + we need someone who knows how to move/deliver these instruments without damaging the instruments or hurting themselves. we also need someone we trust + can depend on.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date: 4/26/18

Signature of Person Completing Form: Sharon McMillan

Location (City, State, County): Tacoma, WA, Pierce Date and Location



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Vincent Carroll

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Wendi Villagomez, Admin, Prosser Pianos & Organ
Address (include street address, mailing address, city, state, zip, and county): 5849 Tacoma Mall Blvd #A, Tacoma WA 98409, Pierce
Phone Number: 253-327-1411
Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: Moving of pianos + organs
Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: Delivery & moving of Pianos & Organs
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: Because piano moving is a specialized skill this would provide us with a reliable and trustworthy company.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Date: 4-26-18
Signature of Person Completing Form: Wendi Villagomez
Location (City, State, County): Tacoma, WA Pierce
Date and Location



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

May 16, 2018

VINCENT CARROLL, LLC
 8451 35TH AVE SW
 VINCENT CARROLL, LLC
 SEATTLE WA 98126-3601

~~Unified Business Identifier (UBI): 604 282 159~~

Dear Business Owner:

We did not set up a workers' compensation policy (or account) for your business because your application for a business license indicated you were not hiring employees.

Your business is a Limited Liability Company(LLC). Washington has specific workers' compensation coverage requirements for LLCs. It is your responsibility to determine if you need to cover individuals for workers' compensation in Washington.

What do you need to do?

1. Go online to www.WorkersCompAccount.Lni.wa.gov to learn about coverage requirements for LLCs. *Not need at this time 6/1/2018*
2. Determine if you need a workers' compensation policy in Washington.
3. If coverage is needed, call Labor & Industries at (360)902-4817 to set up a workers' compensation policy.

If you are required to set up a policy and fail to do so, you may be required to pay up to three times the amount of the insurance premiums, plus the cost of the benefits provided if someone that should be covered is injured.

Please review the website above to determine if you need a policy. Call Labor & Industries at (360)902-4817 to open an account or if you need additional help.

Sincerely,

Employer Services
 WA Dept. of Labor & Industries
 PO Box 44140
 Olympia, WA 98504-4140
 Phone 360-902-4817 FAX 360-902-4988

EAUL

**** ORIGINAL ****



Vincent Carroll, LLC CDL Drug and Alcohol Testing Program

Program Overview

Vincent Carroll, LLC (COMPANY) drug and alcohol testing program complies with Federal laws that prohibit covered employees from being under the influence of intoxicants while working; and requires testing for those who hold and use a commercial driver’s license (CDL) as a matter of employment. This policy only applies to regular and temporary covered employees who are required to possess a CDL as a condition of employment; **and** who must drive a vehicle that requires a CDL for operation.

Each employee with a CDL must:

- Be familiar with all applicable policies governing this program
- Participate in background and pre-employment screening
- Complete all random, post-accident, reasonable suspicion and other testing, as needed
- Report to COMPANY **all** vehicle accidents and moving violations they incur – either on duty or on personal

Covered Employees

COMPANY CDL drivers are covered employees responsible for complying with Federal laws, COMPANY policies regarding applicable drug and alcohol testing. Covered employees who do not comply with these policies are subject to corrective action including dismissal.

Testing Contractor

Currently, COMPANY contracts with US Drug Test Centers to provide CDL drug and alcohol testing services and support. As the current contracted provider, provider will:

- Maintain the lists of covered employees subject to testing
- Using a random methodology, select covered employees for random testing at regular intervals
- Each quarter, notify COMPANY of covered employees selected for random testing
- Provide COMPANY support for all testing services
- Promptly report all test results to COMPANY
- Maintain all records and file all required reports with regulatory agencies in accordance with Federal regulations
- Utilize testing facilities that comply with Federal requirements
- Assist COMPANY with policy review and procedural advice
- Provide COMPANY training as requested

COMPANY will enforce the provisions of this program. COMPANY shall administer and see to the routine needs of the program. COMPANY will:

- Develop and maintain this policy and program
- Select the testing contractor and monitor performance
- Establish practices needed to ensure compliance with this program
- Assist covered employees in accessing treatment, and determine corrective actions in the case of failures to comply with this policy
- Provide policy interpretation and clarification for covered employees
- Maintain all records in accordance with COMPANY records retention and confidentiality policies



Vincent Carroll, LLC CDL Drug and Alcohol Testing Program

Pre-employment Background Check and Testing

Each prospective CDL driver must have their background checked from the previous two years to determine if they had any positive tests with previous employers; answer questions about their previous testing history; and submit to pre-employment drug testing. There is no pre-employment alcohol testing.

Use the following checklist to ensure proper pre-employment background checks and tests are completed.

Prior to pre-employment drug testing, COMPANY will:

- Gain consent and have prospective CDL driver complete the Release of CDL Testing Information form.
- Have the prospective CDL driver complete the CDL Drug and Alcohol Testing History Questionnaire form.
- Arrange a pre-employment drug test.

Once the pre-employment drug test is passed, COMPANY will:

- Provide the new CDL driver a printed copy of results.
- Provide the new CDL driver a printed copy of <https://drugabuse.com/drug-alcohol-effects/>
- Obtain a signed receipt of the printed orientation materials given to the new CDL driver.

Pre-employment Test Protocol

The pre-employment drug test is completed either immediately after a conditional job offer is made for those who will be covered employees immediately upon hire; or after hiring those who will not be immediately performing CDL driving duties, but will be required after their CDL is obtained. COMPANY will follow the below process for pre-employment testing.

1. On the same day as the testing is to be performed, complete the CDL Test Authorization form indicating a pre-employment drug test.
2. In a sealed envelope, give the prospective employee the Federal Drug Testing Custody and Control form and the completed CDL Test Authorization form.
3. Notify the prospective employee that they are to:
 - o Proceed immediately to the designated testing facility
 - o Take a valid piece of government picture identification (Driver’s license, military ID, etc.)
 - o Present the envelope and their ID to the testing facility staff upon arrival
4. If the individual refuses to comply with testing or attempts to defer testing – either upon notification, or at the testing facility – the action must be treated as a positive test result.
5. Maintain all pertinent records in accordance with records retention and confidentiality policies.

Successful completion of pre-employment drug testing will automatically result in the individual being added to the random testing pool.

References

- Pre-employment testing rules – [DOT 49 CFR 382.301](#)
- Pre-employment testing notifications – [DOT 49 CFR 382.411](#)
- Inquiries from previous employers – [DOT 49 CFR 40.25](#)



Vincent Carroll, LLC CDL Drug and Alcohol Testing Program

Random Drug and Alcohol Testing

Annually, COMPANY is required to randomly test at least 50 percent of all CDL drivers for drugs and 10 percent for alcohol. The randomly selected employee must complete all required testing within the same quarter (90-day period) of selection. It is strongly recommended that testing be completed within 30 days from selection notification. The employee must not be given any advance notice of the testing. Results will be forwarded by the testing contractor to the COMPANY.

Random Test Protocol

1. On the same day as the testing is to be performed, complete the CDL Test Authorization form, indicating a random drug and/or alcohol test.
2. Place the Federal Drug Testing Custody and Control form and the completed CDL Test Authorization form in a sealed envelope.
3. Ensure that the employee has a valid government issued picture identification and **no prior notice**, direct the employee or take the employee to the designated testing facility as soon as possible.
4. The employee must present their identification and the sealed envelope to the testing facility staff upon arrival.
5. If the individual refuses to comply with testing or attempts to defer testing – either upon notification, or at the testing facility – the action must be treated as a positive test result.
6. Maintain all pertinent records in accordance with records retention and confidentiality policies.

References

Random testing rules – [DOT 49 CFR 382.305](#)

Post-accident Testing

A CDL driver must submit to post-accident drug and alcohol testing if they are involved in an accident that occurs on a public road with a COMPANY vehicle requiring a CDL to operate and the accident has:

- Caused a fatality, regardless if the driver receives a citation
- Caused an injury requiring medical care away from the scene of the accident **and** the driver receives a citation
- Caused damage to any vehicle requiring it to be towed **and** the driver receives a citation

Because COMPANY tests for both drugs and alcohol in these situations, post-accident drug and alcohol test must be administered between 2 and 8 hours after the accident occurs. COMPANY testing contractor does have limited after-hours testing capabilities. Currently, COMPANY CDL drivers can be taken to the LabCorp testing facility at 5300 Tallman Avenue NW in Seattle’s Ballard neighborhood. If testing is needed after 4 p.m. on any day of the week, call the facility ahead of arrival at 206-781-6360 to arrange for testing.

Post-accident Test Protocol

1. Before testing, complete the CDL Test Authorization form, indicating a post-accident drug and alcohol test.
2. Place the Federal Drug Testing Custody and Control form and the completed CDL Test Authorization form in a sealed envelope.



Vincent Carroll, LLC CDL Drug and Alcohol Testing Program

3. Ensuring that the employee has a valid government issued picture identification, take the employee to the designated testing facility as soon as possible.
4. Present the employee with their identification and the sealed envelope to the testing facility staff upon arrival.
5. If the individual refuses to comply with testing or attempts to defer testing – either upon notification, or at the testing facility – the action must be treated as a positive test result.
6. Maintain all pertinent records in accordance with records retention and confidentiality policies.

References

Post-accident testing rules – DOT 49 CFR Part 382.303

Reasonable Suspicion Testing

Reasonable suspicion testing is required when there is reasonable cause to believe that a CDL driver may be at risk of being impaired as a result of drug or alcohol use. This assessment is based on direct observation of a driver's behavior and can include, but is not limited to:

- The odor of drugs or alcohol on the driver's breath or clothes
- Erratic behavior
- Unsteady gait

Reasonable Suspicion Test Protocol

1. On the same day as reasonable suspicion is reached, complete the CDL Test Authorization form, indicating a reasonable suspicion test for drugs and alcohol. Ensure the behaviors that gave rise to the suspicion are documented on the form.
2. Place the Federal Drug Testing Custody and Control form and the completed CDL Test Authorization form in a sealed envelope.
3. Ensuring that the employee has a valid government issued picture identification, take the employee to the designated testing facility as soon as possible.
4. Present the employee with their identification and the sealed envelope to the testing facility staff upon arrival.
5. If the individual refuses to comply with testing or attempts to defer testing – either upon notification, or at the testing facility – the action must be treated as a positive test result.
6. Maintain all pertinent records in accordance with records retention and confidentiality policies.

References

Reasonable suspicion testing rules – DOT 49 CFR 382.307
DOT drug and alcohol prohibitions – DOT 49 CFR 382, Subpart B



Vincent Carroll, LLC CDL Drug and Alcohol Testing Program

Positive Tests and Return to Duty Testing

A positive drug and/or alcohol test is reported by the testing contractor’s medical review officer (MRO) to the COMPANY when:

- A positive initial test has been confirmed by a second, more sensitive testing method.
- The MRO has made all reasonable attempts to contact the driver to obtain a reasonable and legally allowed reason for the positive test.
- The driver fails to provide a suitable specimen, or refuses to submit to testing.

When a positive test does occur, the COMPANY must take the following initial steps, at a minimum:

- Immediately remove the tested driver from safety sensitive work, including CDL driving responsibilities.
- Take appropriate corrective action, including referral to a substance abuse treatment program.

COMPANY policy allows for corrective action, including dismissal – which will vary from case-to-case.

Covered employees who are cleared to return to CDL driving by the COMPANY must first submit and pass a return to duty test. This test must be the same type as the test the employee initially failed.

Follow-up Test Protocol

1. Before testing, complete CDL Test Authorization form, indicating a return to duty drug and/or alcohol test.
2. Place the Federal Drug Testing Custody and Control form and the CDL Test Authorization form in a sealed envelope.
3. Ensuring that the employee has a valid government issued picture identification, take the employee to the designated testing facility as soon as possible.
4. Present the employee with their identification and the sealed envelope to the testing facility staff upon arrival.
5. If the individual refuses to comply with testing or attempts to defer testing – either upon notification, or at the testing facility – the action must be treated as a positive test result.
6. Maintain all pertinent records in accordance with records retention and confidentiality policies.

References

[DOT 49 CFR 382.309](#)

[DOT 49 CFR 382.311](#)

Contacts and Assistance

For assistance with program administration or questions regarding the COMPANY CDL Drug and Alcohol Testing Program, contact Vincent Carroll at 206.617.2712 or vcarroll@vincentpromoving.com .

CDL COMPANY Personnel Training

All COMPANY personnel who will supervise covered employees in safety sensitive positions subject to DOT testing, including CDL driving, must complete at least 2 hours of training.



Vincent Carroll, LLC CDL Drug and Alcohol Testing Program

The testing contractor periodically offers this training (and others) to COMPANY personnel. This suite of training can be found on <https://www.usdrugtestcenters.com/drug-free-workplace-trainings.html>.

References

Training for supervisors – DOT 49 CFR 382.603

Records and Confidentiality

All records, conversations and correspondence relating to the COMPANY CDL Drug and Alcohol Testing Program must be held as strictly confidential and safeguarded from uncontrolled or unintentional distribution.

It is recommended that driver records relating to drug and alcohol testing be kept separate from other employee records. All employee records and program related correspondence must be kept in a container that is locked when not in use, in a room that is locked when it is not occupied.

Record Type	Where it's kept	How long it's kept
Negative/cancelled drug and alcohol tests	Employee file	1 year
Records of refusal to submit to testing All other program administration records	Employee file	5 years
Documentation of CDL training	Employee file	Length of employment +3 years
Positive test/background screening results Records pertaining to corrective action	Employee file	5 years

COMPANY may opt to keep all pertinent records in electronic format. Federal law allows employers to keep pertinent records in either paper or electronic format. In order to be allowed to keep documents electronically, files must meet the following criteria:

- Be readily and quickly available for review by regulatory agencies – generally within two business days.
- Must be legible, clear and have retained the characteristics of the original document.
- Must be formatted, filed, archived and destroyed in a controlled and orderly manner.
- Be stored in password protected files.

If the above criteria cannot be met, then paper files must be retained.


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.

VINCENT CARROLL 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: 07981525-0
Effective Date: 08/10/2018 **Expiration Date:** 02/10/2019
Policy Type: Commercial
Insurer: United Financial Casualty Company 1-800-444-4487
P.O. BOX 94739 Cleveland, OH 44101
Named Insured(s):
VINCENT CARROLL LLC
DBA: VINCENT PRO MOVING
Your Agent:
ALL PRO INS AGENCY 1-206-230-0111
3047 78th Ave SE, #202
Mercer Island, WA 98040

Year	Make	Model	VIN
2002	GMC	SAVANA G3500	1GDHG31R121901870

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

Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
VINCET CARROLL		
Not At Fault Accident	11/03/2016	CLUE/LexisNexis, MVR/LexisNexis

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$907
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		

Subtotal policy premium **\$907**

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$500	\$420

Subtotal policy premium **\$420**

Total 6 month policy premium **\$1,327**

Rated commodities

1. Musical Instruments

Auto coverage schedule

1. **2002 GMC SAVANA G3500**
 VIN: **1GDHG31R121901870** Garaging Zip Code: 98126 Territory: 32 Radius: 300 miles
 Personal use: N Body type: Straight Truck Use class: H

Liability	Liability	Auto Total
Premium	\$907	\$907

Vehicle questions

NONE

Financial responsibility information

Name	Home address	Age	Date of birth
VINCENT CARROLL	8451 35TH AVE SW SEATTLE, WA 98126-0000	55	03/24/1963

Is VINCENT CARROLL involved in the daily operation of the business? Yes