

## Safety Management Plan (SMP)

**Legal Name:** John Frank LLC

**USDOT:** 3936984

**UTC:** THG070798

**Date:** 10.22.24

**Point of Contact:**

Anton Korovchenko

206-458-4540

jfmcseattle@gmail.com

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### **Violation #1: Primary: 391.45(a) – Using a driver not medically examined and certified.**

1. **Explanation of Violation:**

As the owner/manager of John Frank LLC, I acknowledge that I failed to ensure all drivers had completed the required medical examinations and certifications before operating company vehicles, which resulted in this violation.

2. **Corrective Action Taken:**

The violation has been corrected. All drivers now possess valid medical examiner certificates, which are documented and stored in their driver qualification files. I have implemented an electronic tracking system using **Google Calendar** to send automated reminders one month before each driver's medical certificate expiration. This ensures certificates are renewed on time.

**Medical Certificate Compliance Policy:**

- A valid medical examiner certificate is required for all drivers before they are allowed to operate company vehicles.
- **Google Calendar** will track expiration dates and send reminders one month before renewal is due.
- All medical certificates are stored in both physical and digital formats in the driver's qualification file.

3. **Future Prevention Measures:**

To prevent future violations, I will use a checklist to verify compliance with federal regulations. This checklist will ensure that all drivers' medical certificates are current and properly documented. The checklist, along with the electronic tracking reminders, will be maintained in our safety files for internal audits and future inspections.

**Checklist Includes:**

- Verification of valid medical certificates for all new hires.
- Documentation of renewal reminders and follow-up actions in case of delays.

4. **Reason for Violation:**

The violation occurred due to oversight and a lack of a structured process to track medical certificate expirations. Without a formal tracking system in place, we missed renewals and failed to ensure all drivers were properly certified before operating vehicles.

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**Violation #2: Primary: 391.51(b)(2) – Failing to maintain inquiries into the driver's driving record in the driver's qualification file.**

1. **Explanation of Violation:**

I acknowledge that we did not maintain proper documentation of inquiries into drivers' driving records in the driver qualification files as required.

2. **Corrective Action Taken:**

We have corrected the violation by obtaining motor vehicle reports (MVRs) for all drivers and ensuring they are properly documented in each driver's qualification file. To prevent future lapses, we have implemented a comprehensive MVR policy.

**MVR Policy:**

- For every new driver, an MVR inquiry will be conducted within 30 days of hire to ensure compliance with regulations.
- Annual MVR inquiries will be conducted thereafter for all drivers.
- The results of each MVR inquiry will be stored in both physical and digital formats in the driver's qualification file.
- We will use **Checkr.com** to conduct these inquiries, ensuring thorough and accurate results.

3. **Future Prevention Measures:**

To prevent future violations, I will incorporate this process into our automated **Google Calendar reminders** for each driver's MVR inquiry, one month before the due date. These reminders will ensure that both the initial MVR and annual reviews are completed on time. We will also conduct quarterly internal audits of driver qualification files to verify that all required MVRs are documented and up to date.

4. **Reason for Violation:**

The violation occurred due to a lack of oversight and a structured system to track and document MVR inquiries for drivers. Without the proper tracking tools in place, these records were either delayed or not properly filed.

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**Violation #3: Primary: WAC 480-15-555 (1) – Failing to complete a criminal background check for every person the carrier intends to hire.**

1. **Explanation of Violation:**

I acknowledge that I did not conduct criminal background checks for all potential hires.

2. **Corrective Action Taken:**

The violation has been corrected. I have now completed criminal background checks for all current employees and have instituted a formal hiring policy that mandates criminal background checks for all prospective employees—not just drivers—before they are officially hired. Background check results will be filed in the employee's personnel file for documentation.

**Hiring Policy:**

- A national criminal background check will be required for all applicants prior to hiring.
  - The hiring process will not proceed until the background check is completed and reviewed.
  - All completed background checks will be stored in the employee's personnel file (not just drivers).
  - Background checks will be obtained using a trusted third-party provider, such as **Checkr.com**, to ensure accurate and thorough results.
3. **Future Prevention Measures:**  
I will use **Checkr.com** for all future background checks to ensure that every applicant—whether for driving or non-driving positions—undergoes a thorough background check before being hired. This will be integrated into our **Google Drive**, where reminders will be set to ensure checks are completed before moving forward with hiring. Staff will be trained on the importance of completing these background checks and maintaining the records in personnel files.
4. **Reason for Violation:**  
The violation occurred because we did not have a clear process in place for conducting background checks, and as a result, checks were either overlooked or delayed during the hiring process.
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#### **Violation #4: Primary: 395.8(k)(1) – Failing to preserve the driver's record of duty status for 6 months.**

1. **Explanation of Violation:**  
I failed to properly preserve drivers' records of duty status, which is essential for compliance.
2. **Corrective Action Taken:**  
I have implemented a system using **Google Drive** to store all drivers' records of duty status. This system allows us to preserve these records for a minimum of six months, ensuring they are securely stored and easily accessible for audits. The files are organized by driver and by month to ensure quick retrieval when needed.
3. **Future Prevention Measures:**  
To prevent future violations, I will train staff on the importance of maintaining drivers' records of duty status and provide guidance on how to properly upload and organize these files in **Google Drive**. Additionally, I will set monthly reminders for staff to review and verify that all records are up-to-date and properly stored. Regular internal audits will also be conducted to ensure ongoing compliance.
4. **Reason for Violation:**  
The violation occurred because we did not have a structured system in place for storing and preserving drivers' records of duty status, which resulted in incomplete or misplaced records.
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**Violation #5: Primary: 390.19(b)(2) – Failing to file the appropriate form under 390.19(a) (MCS-150, 150B, or 150C) every 24 months according to the schedule.**

1. **Explanation of Violation:**

I did not file the required MCS-150 form according to the biennial schedule, which resulted in this violation. This was due to a misunderstanding of the filing requirements and deadlines.

2. **Corrective Action Taken:**

I have since submitted the necessary MCS-150 form to update our company's information. Moving forward, I have created a clear schedule for biennial filings to ensure this requirement is consistently met.

3. **Future Prevention Measures:**

I will set automated reminders in **Google Calendar** to ensure the MCS-150 (or related forms) is filed every 24 months according to FMCSA requirements. These reminders will be set for one month before the due date to provide ample time for review and submission.

4. **Reason for Violation:**

The violation occurred because we were unaware of the specific deadline for filing the MCS-150 form and did not have a proper system in place to track the biennial filing schedule.

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**Violation #6: Primary: 391.21(a) – Using a driver who has not completed and furnished an employment application.**

1. **Explanation of Violation:**

I admit that we allowed a driver to work without a completed employment application on file.

2. **Corrective Action Taken:**

I have established a written policy that requires all drivers to complete and submit a full DOT-compliant employment application before they can begin work. This policy ensures that no driver is allowed to operate a vehicle without the proper documentation on file.

**Policy:**

Our Driver Hiring and Documentation Policy mandates that every driver must complete and furnish a full DOT employment application. This application must be submitted, reviewed, and filed in the driver's qualification file before the driver is allowed to begin working.

The policy includes specific guidelines for the documents required during the hiring process and assigns responsibility to hiring managers to verify that all paperwork is complete and compliant before any driver is dispatched.

3. **Future Prevention Measures:**

I will implement a new hire checklist to ensure that all required documentation, including the completed employment application, is received and reviewed before the driver starts

work. This checklist will include a review of the application, background checks, and MVRs.

4. **Reason for Violation:**

The violation occurred because we mistakenly used the wrong employment application form, which did not meet DOT requirements. This oversight led to a driver beginning work without having completed the proper application. The lack of a formal review process for verifying the correct documentation before hiring contributed to this error.

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**Violation #7: Primary: 391.23(a)(1) – Failing to investigate the driver's background/motor vehicle record (MVR) within 30 days of hire.**

1. **Explanation of Violation:**

I did not perform a timely investigation of the driver's background and motor vehicle record.

2. **Corrective Action Taken:**

I have implemented a new written procedure to ensure that all driver background checks and MVR inquiries are completed within 30 days of hire. This procedure includes specific timelines for processing and filing the checks in each driver's qualification file.

**Procedure:**

- Background checks and MVR inquiries must be initiated on the first day of employment.
- The results must be received, reviewed, noted, and filed in the driver's qualification file within 30 days.

3. **Future Prevention Measures:**

To ensure this process is followed without delay, I will use automated reminders in **Google Calendar** to track the 30-day deadline from each driver's hire date. These reminders will alert managers to initiate, monitor, and complete the required checks on time. I will conduct monthly reviews of the hiring process to ensure compliance and make adjustments if necessary.

4. **Reason for Violation:**

The violation occurred due to a lack of tracking tools and procedures to monitor the 30-day deadline. Without a structured system in place, some background checks and MVR inquiries were delayed or overlooked.

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**Violation #8: Primary: 391.51(b)(4) – Failing to maintain responses of each state agency to the annual driver record inquiry.**

1. **Explanation of Violation:**

I did not retain documentation of the responses from state agencies regarding our annual inquiries into driver records.

2. **Corrective Action Taken:**

I have instituted a written policy requiring that all responses from state agencies related

to annual driver record inquiries are documented and filed in each driver's qualification file.

**Policy:**

Our Annual Driver Record Inquiry Policy mandates that for each driver, an inquiry is made annually with the appropriate state agencies to obtain their driving record. The responses from these inquiries are retained in both physical and digital formats in the driver's qualification file for a minimum of three years. This ensures proper documentation and easy access during audits or inspections.

**Procedure:**

- Each driver's annual inquiry is tracked based on their hire date or anniversary date.
- Once the response from the state agency is received, it is documented and stored in the driver's qualification file (both physical and digital formats).
- Managers are responsible for verifying that all inquiries are completed and responses properly filed.

3. **Future Prevention Measures:**

I will ensure annual inquiries are conducted systematically, with all state agency responses filed in the driver qualification file. To prevent delays, I will use **Google Calendar** to set automatic reminders for each driver's inquiry, one month before the annual due date. This will help us maintain timely and organized record-keeping. The documentation will be checked monthly during internal audits to ensure everything is up-to-date and compliant.

4. **Reason for Violation:**

The violation occurred due to a lack of a clear and structured process for retaining state agency responses. Without a tracking system in place, responses were not consistently filed as required.

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**Violation #9: Primary: 391.51(b)(5) – Failing to maintain a note relating to the annual review of the driver's driving record.**

1. **Explanation of Violation:**

I failed to document the annual review of drivers' records as required.

2. **Corrective Action Taken:**

I have implemented a written policy that requires the annual review of each driver's driving record to be documented in their qualification file. A note verifying the review is now placed in the file of each driver upon completion of the review.

**Policy:**

Our Annual Driver Record Review Policy ensures that a driving record review is conducted for each driver annually. This review is documented and filed in the driver's qualification file. The review is conducted once every 12 months based on the driver's hire date, or as required, and retained for a minimum of three years.

**Procedure:**

- Managers will conduct the review annually and document the outcome in the driver's file.

- A calendar system will be used to track the due date for each driver's review, with reminders set one month prior to ensure timely compliance.
  - The review documentation will be placed in both physical and digital formats within the driver's qualification file.
3. **Future Prevention Measures:**  
I will incorporate an annual review reminder in our digital tracking system, setting calendar reminders for each driver one month before the review is due. We will use a combination of **Google Calendar** and **Google Drive** to ensure timely compliance. All annual reviews will be documented and stored in the driver qualification files, both in physical form and in our digital filing system for easy access during audits.
4. **Reason for Violation:**  
The violation occurred because we did not have a structured process in place to document the annual review of driver records. This lack of organization resulted in missed documentation and non-compliance.
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**Violation #10: Primary: 391.51(b)(8)(i) – Failing to place a note relating to the verification of the medical examiner listing.**

1. **Explanation of Violation:**  
I did not maintain documentation confirming the verification of medical examiners.
2. **Corrective Action Taken:**  
The violation has been corrected. I have implemented a policy to ensure that verification notes from medical examiners are placed in each driver's qualification file as soon as their medical certificate is received.
3. **Future Prevention Measures:**  
I will implement a checklist for verifying medical examiner qualifications during both the hiring process and when drivers submit renewed medical certificates. This checklist will also remind us to verify and retain documentation for any new certificates received outside of the hiring process.  
Attached is the checklist, which includes steps for tracking certificate renewals and ensuring all required documentation is properly filed. This addresses both the hiring and ongoing renewal process as requested.
4. **Reason for Violation:**  
The violation occurred due to a lack of a formal process for verifying and documenting medical examiner qualifications. Without a clear system in place, verification notes were not consistently filed in the drivers' qualification records.
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**Violation #11: Primary: 396.3(b)(1) – Failing to keep a maintenance record identifying the vehicle.**

1. **Explanation of Violation:**

I acknowledge that I failed to keep accurate maintenance records identifying our vehicles.

2. **Corrective Action Taken:**

I have created a standardized format for vehicle maintenance records that includes all required identifiers for each vehicle in our fleet. I have attached a sample of our newly implemented vehicle maintenance record format. This includes all necessary vehicle identifiers such as VIN, make, model, year, and license plate number, along with sections for recording maintenance dates, services performed, and inspection results. This format ensures that each vehicle is clearly identified and that all maintenance activities are properly tracked and documented.

3. **Future Prevention Measures:**

I will train staff to maintain these records accurately and conduct periodic reviews to ensure compliance.

4. **Reason for Violation:**

The violation occurred due to a lack of a structured and standardized system for tracking and maintaining vehicle records. As a result, some vehicles were not properly identified in the maintenance logs, leading to incomplete or inaccurate records.

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**Violation #12: Primary: 396.3(b)(3) – Failing to keep a record of inspection, repairs, and maintenance.**

1. **Explanation of Violation:**

I failed to maintain proper records of inspections and repairs for our vehicles.

2. **Corrective Action Taken:**

I have implemented a log system for tracking all vehicle inspections, repairs, and maintenance work done. This system includes digital and physical records, where each inspection or repair is logged with the date, vehicle information, and the work completed. Drivers are instructed to submit reports after each inspection, and our maintenance team records all repairs and services. These logs are reviewed monthly to ensure compliance, and reminders are set up to ensure inspections are done on time. All records will now be retained for the required period of 12 months.

3. **Future Prevention Measures:**

I will ensure that these records are updated regularly and stored in a secure location for easy access during audits.

4. **Reason for Violation:**

We failed to maintain proper records due to a lack of an organized system for tracking inspections and repairs. This oversight has since been corrected with the implementation of a structured log system.

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**Violation #13: Primary: 396.9(d)(3) – Failing to maintain completed inspection forms for 12 months.**



1. **Explanation of Violation:**  
I did not retain completed inspection forms for the required period.
  2. **Corrective Action Taken:**  
I have established a retention policy to keep completed inspection forms for a minimum of 12 months. Drivers are instructed to submit their inspection reports immediately after completing them each day. I have implemented a system to collect and review these reports daily, ensuring all forms are properly retained for at least 12 months as per the new retention policy.
  3. **Future Prevention Measures:**  
I will conduct regular audits of our records to ensure all required documents are retained properly.
  4. **Reason for Violation:**  
The violation occurred due to a lack of a structured system for tracking and retaining inspection forms. Without a clear process in place, inspection reports were not consistently filed and stored for the required 12-month period.
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**Violation #14: Primary: 396.11(a) – Failing to require drivers to prepare a driver vehicle inspection report.**

1. **Explanation of Violation:**  
I did not ensure that drivers completed vehicle inspection reports as mandated.
  2. **Corrective Action Taken:**  
I have implemented a policy requiring all drivers to complete vehicle inspection reports before each trip. Each driver has access to the DVIR report.
  3. **Future Prevention Measures:**  
I will train drivers on the importance of these reports and conduct periodic checks to ensure compliance. Our process ensures that DVIRs are reviewed daily if a defect is reported. A mechanic evaluates the defect immediately, and repairs are made or deemed unnecessary before the vehicle is dispatched again. Periodic checks are conducted monthly to ensure ongoing compliance, in addition to daily reviews of reported defects.
  4. **Reason for Violation:**  
The violation occurred because there was no established process in place to ensure drivers consistently completed the required vehicle inspection reports before each trip.
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**Violation #15: Primary: 396.21(b) – Failing to retain periodic inspection reports for 14 months.**

1. **Explanation of Violation:**  
I did not retain periodic inspection reports for the required duration.

2. **Corrective Action Taken:**

I have established a protocol for retaining periodic inspection reports for at least 14 months. Protocol attached.

3. **Future Prevention Measures:**

I will implement regular audits of our inspection records to ensure all reports are retained properly. I will audit our inspection records every three months to ensure proper retention. I'll use **Google Calendar reminders** to track audits and inspections, ensuring everything stays on schedule.

4. **Reason for Violation:**

The violation occurred due to a lack of an organized system for tracking and retaining periodic inspection reports for the required 14-month period.

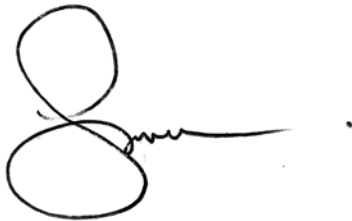
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**Signature Statement:**

I, Anton Korovchenko, Owner/Manager, certify that John Frank LLC will operate in compliance with federal and state regulations, and our operations currently meet the safety standards found in Title 49 CFR Sections 385.5 and 385.7.

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**Signature:**

A handwritten signature in black ink, consisting of a large, stylized 'A' followed by a horizontal line and a small flourish.

Anton Korovchenko  
Owner  
John Frank LLC

206-458-4540  
jfmcsSeattle@gmail.com  
10.22.24

Verified with a National Registry on 8.15.26  
Anton Kozovchenko

**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 be approximately one 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 Office, Federal Motor Carrier Safety Administration, MC-RRR, 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:** BAHRII **First Name:** OLEKSANDR 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
- 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**

08/06/2026

**Medical Examiner's Signature**

**Medical Examiner's Telephone Number**

4253530808

**Date Certificate Signed**

08/06/2024

**Medical Examiner's Name (please print or type)**

IRINA MILMAN

MD  Physician Assistant  Advanced Practice Nurse

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

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

MD00042748

**Issuing State**

Washington

**National Registry Number**

8838234013

**Driver's Signature**

**Driver's License Number**

WDL41R1F303B

**Issuing State/Province**

Washington

**Driver's Address**

Street Address: \_\_\_\_\_

City: LYNNWOOD

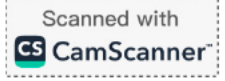
State/Province: WA

Zip Code: 98087

**CLP/CDL Applicant/Holder**

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.\*\*



Verified with a National Registry 8.15.24  
Anton Kozovchenko

**Burden Statement**  
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**Department of Transportation**  
**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)

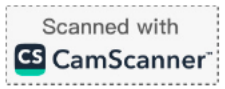
I have examined Last Name: BYCHKIV First Name: OLEH In accordance with (please check only one):  
Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR  
Federal 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, 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  Grandfathered from State requirements (State)

Information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, 5, with any attachments, embodies my findings completely and correctly, and is on file in my office. **Medical Examiner's Certificate Expiration Date** 08/07/2026

Examiner's Signature [Signature] Medical Examiner's Telephone Number 4253530808 Date Certificate Signed 08/07/2024  
Examiner's Name (please print or type) ILMAN  MD  Physician Assistant  Advanced Practice Nurse  
 DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_  
Examiner's State License, Certificate, or Registration Number 2748 Issuing State Washington National Registry Number 8838234013

Signature [Signature] Driver's License Number WDL6TN56323B Issuing State/Province Washington  
Address: \_\_\_\_\_ City: MILL CREEK State/Province: WA Zip Code: 98012 CLP/CDL Applicant/Holder  Yes  No

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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: TALAN First Name: OLEKSANDR 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),
- 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     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 Expires

08/06/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

4253530808

Date Certificate Signed

08/06/2024

Medical Examiner's Name (please print or type)

IRINA MILMAN

MD     Physician Assistant     Advanced Practice Nurse

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

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

MD00042748

Issuing State

Washington

National Registry Number

8838234013

Driver's Signature

Driver's License Number

WDL772S5713B

Issuing State/Province

Washington

Driver's Address

Street Address: \_\_\_\_\_

City: LYNNWOOD

State/Province: WA

Zip Code: 98087

CLP/CDL Applica

Yes  No

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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:** GUK **First Name:** OLEKSII 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)

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     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 Expires**  
08/06/2026

**Medical Examiner's Signature**  **Medical Examiner's Telephone Number** 4253530808 **Date Certificate Signed** 08/06/2024

**Medical Examiner's Name (please print or type)** IRINA MILMAN  MD     Physician Assistant     Advanced Practice Nurse

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

**Medical Examiner's State License, Certificate, or Registration Number** MD00042748 **Issuing State** Washington \* **National Registry Number** 8838234013

**Driver's Signature**  **Driver's License Number** WDL41NP1573B **Issuing State/Province** Washington

**Driver's Address**  
 Street Address: \_\_\_\_\_ City: SEATTLE State/Province: WA Zip Code: 98177 **CLP/CDL Applies**  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 information 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.\*\*

## Public Burden Statement

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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: KOROVCHENKO First Name: ANTON 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)
- 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     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: 08/06/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

4253530808

Date Certificate Signed

08/06/2024

Medical Examiner's Name (please print or type)

IRINA MILMAN

- MD     Physician Assistant     Advanced Practice Nurse  
 DO     Chiropractor     Other Practitioner (specify) \_\_\_\_\_

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

MD00042748

Issuing State

Washington

National Registry Number

8838234013

Driver's Signature

Driver's License Number

WDL1R889253B

Issuing State/Province

Washington

Driver's Address

Street Address: \_\_\_\_\_

City: SEATTLE

State/Province: WA

Zip Code: 98177

CLP/CDL Applicant

Yes  No

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## Medical Certificate Verification Checklist

Driver Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Hire (if applicable): \_\_\_\_\_

---

### Checklist for Initial Submission or Renewal of Medical Certificate

1. **Receive Medical Certificate**

- Driver submits valid medical certificate
- Confirm expiration date of the medical certificate

2. **Update Driver's Qualification File**

- Place medical certificate in driver's qualification file
- Place verification note from the medical examiner in the driver's file

3. **Set Reminder for Renewal**

- Set a reminder 60 days before expiration for the driver to submit a new certificate
- 

### Ongoing Compliance

- **For New Hires:** Ensure checklist is completed as part of the onboarding process.
  - **For Renewals:** Use this checklist for each medical certificate renewal outside of the hiring process.
- 

Reviewed by: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

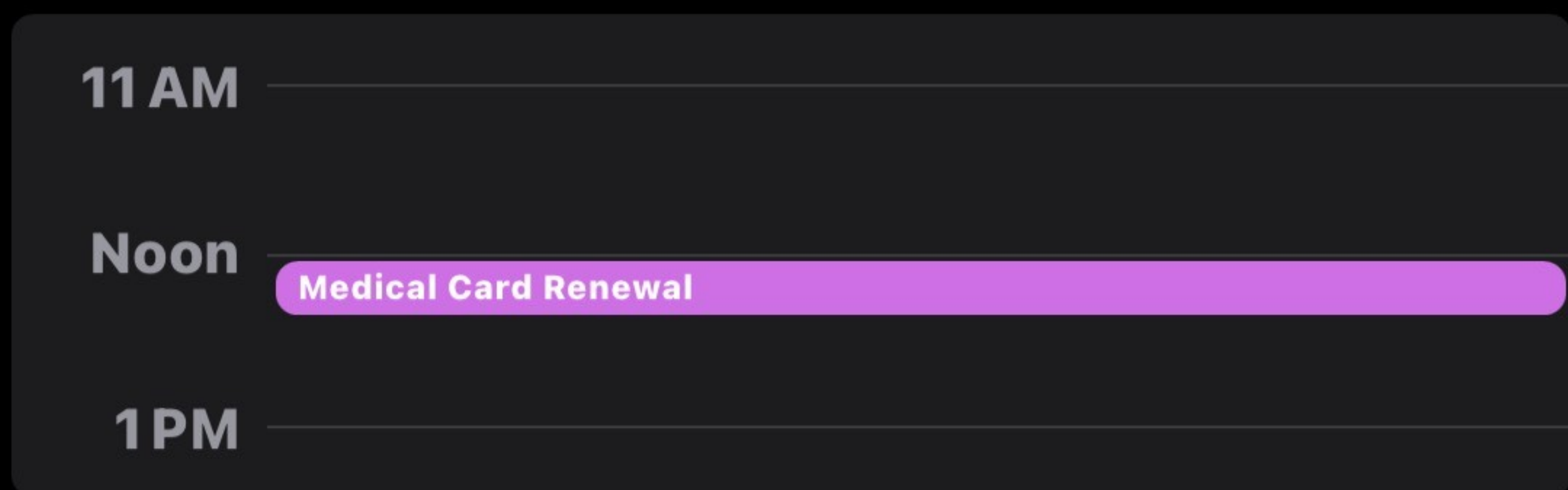


# Medical Card Renewal

Saturday, Jun 6, 2026

from 12 PM to 12 PM

repeats weekly



Calendar

● Work ↕

Invitees

1 >

Anton Korovchenko

Alert

None ↕

Notes

Anton Korovchenko

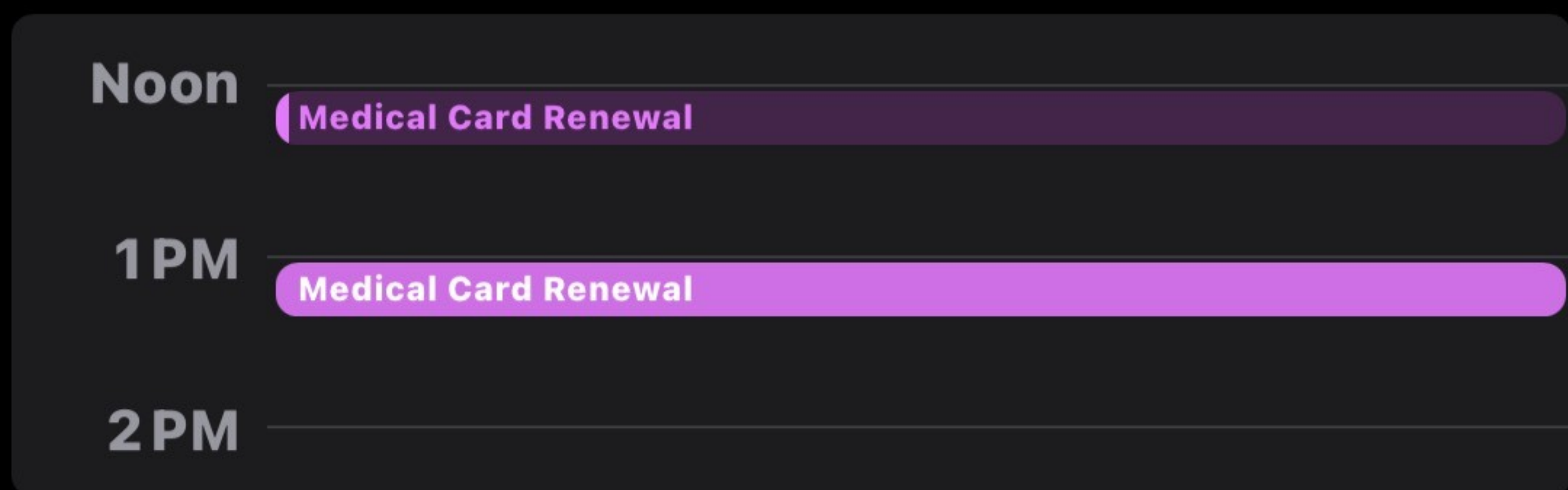
Delete Event

# Medical Card Renewal

Saturday, Jun 6, 2026

from 1PM to 1PM

repeats weekly



Calendar

● Work ↕

Invitees

1 >

Anton Korovchenko

Alert

None ↕

Notes

Oleksii Guk

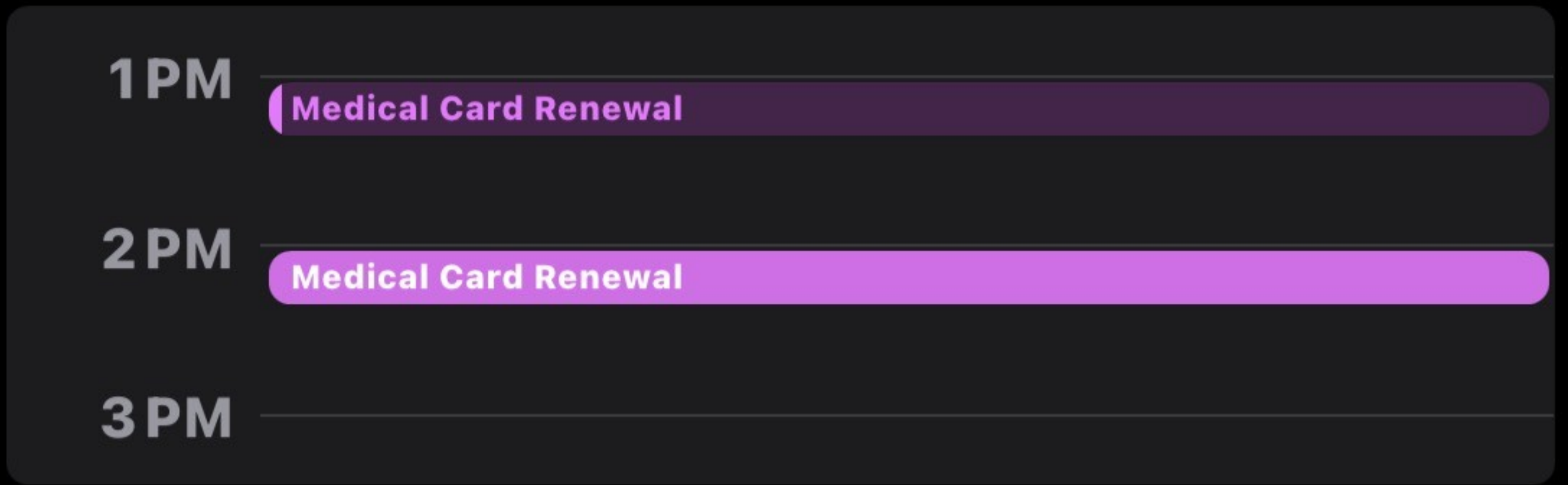
Delete Event

# Medical Card Renewal

Saturday, Jun 6, 2026

from 2 PM to 2 PM

repeats weekly



Calendar

● Work ↕

Invitees

1 >

Anton Korovchenko

Alert

None ↕

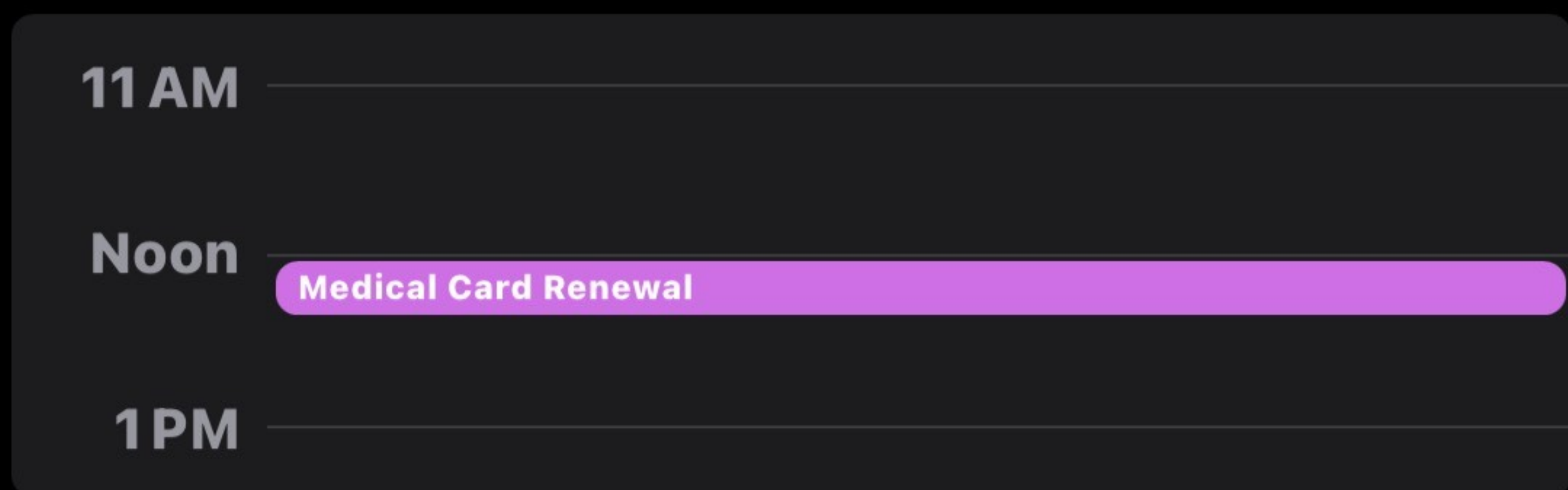
Notes

Oleksandr Talan

Delete Event

# Medical Card Renewal

Sunday, Jun 7, 2026  
from 12 PM to 12 PM  
repeats weekly



Calendar

● Work ↕

Invitees

1 >

Anton Korovchenko

Alert

None ↕

Notes

Oleg Bychkiv

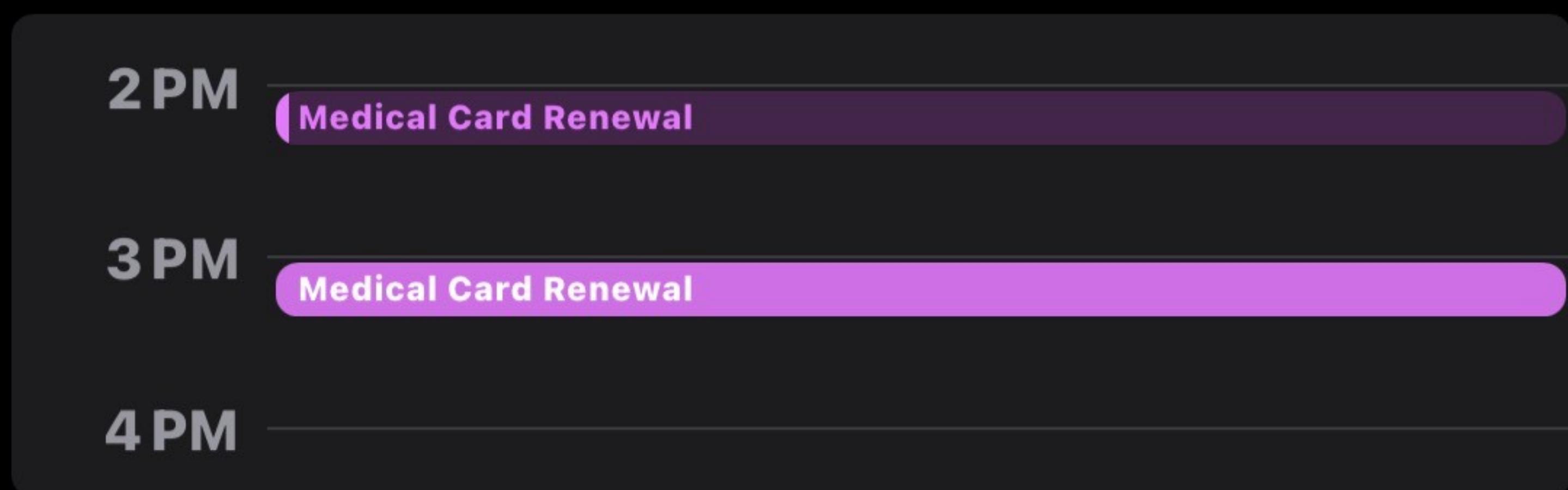
Delete Event

# Medical Card Renewal

Saturday, Jun 6, 2026

from 3 PM to 3 PM

repeats weekly



Calendar

● Work ↕

Invitees

1 >

Anton Korovchenko

Alert

None ↕

Notes

Oleksandr Bahrii

Delete Event

SambaSafety

PO Box 1970

Rancho Cordova, CA 95741-1970

WASHINGTON Driver Record - V4585

Order Date: 08/12/2024

Seq #: 0

Host Used: Online  
Rec Type: STANDARD

Bill Code:  
Reference:  
License: WDLIR889253B  
Name: KOROVCHENKO, ANTON  
Address:  
City, St: WA

*Verified by  
Anton Korovchenko  
On 8.22.24*

Sex: MALE      Weight:  
Eyes:              Height:  
Hair:              DOB: [REDACTED]      Age: 38  
Iss Date: 02/16/2021  
Exp Date: [REDACTED]

Year License First Issued: 02/16/2021      STATUS: VALID

**Violations/Convictions    Failures To Appear    Accidents**  
\*\*\* NONE TO REPORT \*\*\*

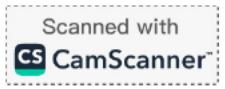
**Suspensions/Revocations**  
\*\*\* NO ACTIVITY \*\*\*

**License and Permit Information**

License: PERSONAL      Issue: 02/16/2021      Expire: [REDACTED]      Status: VALID      Issued:  
Class: DL      DRIVER LICENSE      TRANSFER

**Miscellaneous State Data**

PREVIOUS LICENSE: 1705629586      STATE: NEVADA  
EXPIRATION DATES IN THIS DOCUMENT MAY HAVE BEEN EXTENDED PURSUANT TO EXECUTIVE  
OR LEGISLATIVE ACTION OF THE ISSUING JURISDICTION RELATED TO COVID-19.  
PLEASE CONSULT WITH THE JURISDICTION FOR FURTHER DETAILS.



SambaSafety

PO Box 1970

Rancho Cordova, CA 95741-1970

WASHINGTON Driver Record - V4585

Order Date: 08/12/2024

Seq #: 0

Host Used: Online  
Rec Type: STANDARD

Bill Code:  
Reference:  
License: WDL41NP1573B  
Name: GUK, OLEKSII  
Address:  
City, St: WA

*Verified by Anton On 8.22.24*

Sex: MALE      Weight:      DOB: [REDACTED]      Age: 38  
Eyes:      Height:      Iss Date: 08/02/2022  
Hair:      Exp Date: [REDACTED]

Year License First Issued: 08/02/2022

STATUS: VALID

**Violations/Convictions    Failures To Appear    Accidents**

\*\*\* NONE TO REPORT \*\*\*

**Suspensions/Revocations**

\*\*\* NO ACTIVITY \*\*\*

**License and Permit Information**

License: PERSONAL      Issue: 08/02/2022      Expire: [REDACTED]      Status: VALID      Issued: ORIGINAL  
Class: DL      DRIVER LICENSE  
Restriction: CORRECTIVE LENSES      Start: 08/02/2022      End: [REDACTED]  
MUST BE WORN

**Miscellaneous State Data**

RESTRICTION TYPE: LENS

EXPIRATION DATES IN THIS DOCUMENT MAY HAVE BEEN EXTENDED PURSUANT TO EXECUTIVE OR LEGISLATIVE ACTION OF THE ISSUING JURISDICTION RELATED TO COVID-19. PLEASE CONSULT WITH THE JURISDICTION FOR FURTHER DETAILS.

SambaSafety PO Box 1970 Rancho Cordova, CA 95741-1970  
 WASHINGTON Driver Record - V4585 Order Date: 08/12/2024 Seq #: 0

Host Used: Online Bill Code:  
 Rec Type: STANDARD Reference:  
 License: WDL6TN56323B  
 Name: BYCHKIV, OLEH  
 Address:  
 City, St: WA

*Verified by Anton Koronovena on 8.22.24*

Sex: MALE Weight: DOB: [REDACTED] Age: 29  
 Eyes: Height: Iss Date: 04/18/2023  
 Hair: Exp Date: [REDACTED]

Year License First Issued: 04/18/2023 STATUS: VALID

**Violations/Convictions Failures To Appear Accidents**  
 \*\*\* NONE TO REPORT \*\*\*

**Suspensions/Revocations**  
 \*\*\* NO ACTIVITY \*\*\*

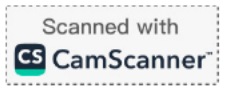
**License and Permit Information**

License: PERSONAL Issue: 04/18/2023 Expire: [REDACTED] Status: VALID Issued: ORIGINAL  
 Class: DL DRIVER LICENSE

**Miscellaneous State Data**

EXPIRATION DATES IN THIS DOCUMENT MAY HAVE BEEN EXTENDED PURSUANT TO EXECUTIVE OR LEGISLATIVE ACTION OF THE ISSUING JURISDICTION RELATED TO COVID-19. PLEASE CONSULT WITH THE JURISDICTION FOR FURTHER DETAILS.

CONFIDENTIAL INFORMATION - TO BE USED AS PER STATE AND FEDERAL LAWS.





**SambaSafety** PO Box 1970 Rancho Cordova, CA 95741-1970  
**WASHINGTON Driver Record - V4585** Order Date: 08/12/2024 Seq #: 0

Host Used: Online Bill Code:  
 Rec Type: STANDARD Reference:  
 License: WDL41R1F303B  
 Name: BAHRII, OLEKSANDR  
 Address:  
 City, St: WA

*Verified by  
 Anton Korovchenko  
 on 8.22.24*

Sex: MALE Weight: DOB: ██████████ Age: 26  
 Eyes: Height: Iss Date: 07/13/2023  
 Hair: Exp Date: ██████████

Year License First Issued: 07/13/2023 STATUS: VALID

**Violations/Convictions Failures To Appear Accidents**  
 \*\*\* NONE TO REPORT \*\*\*

**Suspensions/Revocations**  
 \*\*\* NO ACTIVITY \*\*\*

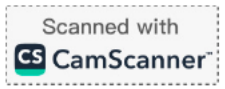
**License and Permit Information**

License: PERSONAL Issue: 07/13/2023 Expire: ██████████ Status: VALID Issued: ORIGINAL  
 Class: DL DRIVER LICENSE

**Miscellaneous State Data**

EXPIRATION DATES IN THIS DOCUMENT MAY HAVE BEEN EXTENDED PURSUANT TO EXECUTIVE  
 OR LEGISLATIVE ACTION OF THE ISSUING JURISDICTION RELATED TO COVID-19.  
 PLEASE CONSULT WITH THE JURISDICTION FOR FURTHER DETAILS.

CONFIDENTIAL INFORMATION - TO BE USED AS PER STATE AND FEDERAL LAWS.



# **MVR (Motor Vehicle Record) Protocol**

## **John Frank LLC**

### **Purpose:**

This protocol ensures compliance with safety and legal standards by maintaining updated Motor Vehicle Records (MVR) for all drivers and scheduling regular MVR reviews.

---

### **Procedure:**

- Retain MVRs for each driver and ensure that they are updated in accordance with the renewal dates.
  - Set a reminder in the calendar one month before each driver's MVR is due for renewal to allow sufficient time for the driver to submit the updated MVR.
- 

### **Driver MVR Renewal Schedule:**

- Oleksii Guk - Renewal due by: 8/12/25
  - Bahrii Oleksandr - Renewal due by: 8/12/25
  - Bychkiv Oleh - Renewal due by: 8/12/25
  - Anton Korovchenko - Renewal due by: 8/12/25
- 

### **Additional Notes:**

- MVRs should be stored in both physical and digital formats for easy access during audits or inspections.
  - Ensure that each MVR is reviewed for accuracy and compliance with legal requirements before it is filed.
  - Drivers are responsible for submitting their MVRs on time, and any issues must be reported immediately to management.
- 

### **Calendar Management:**

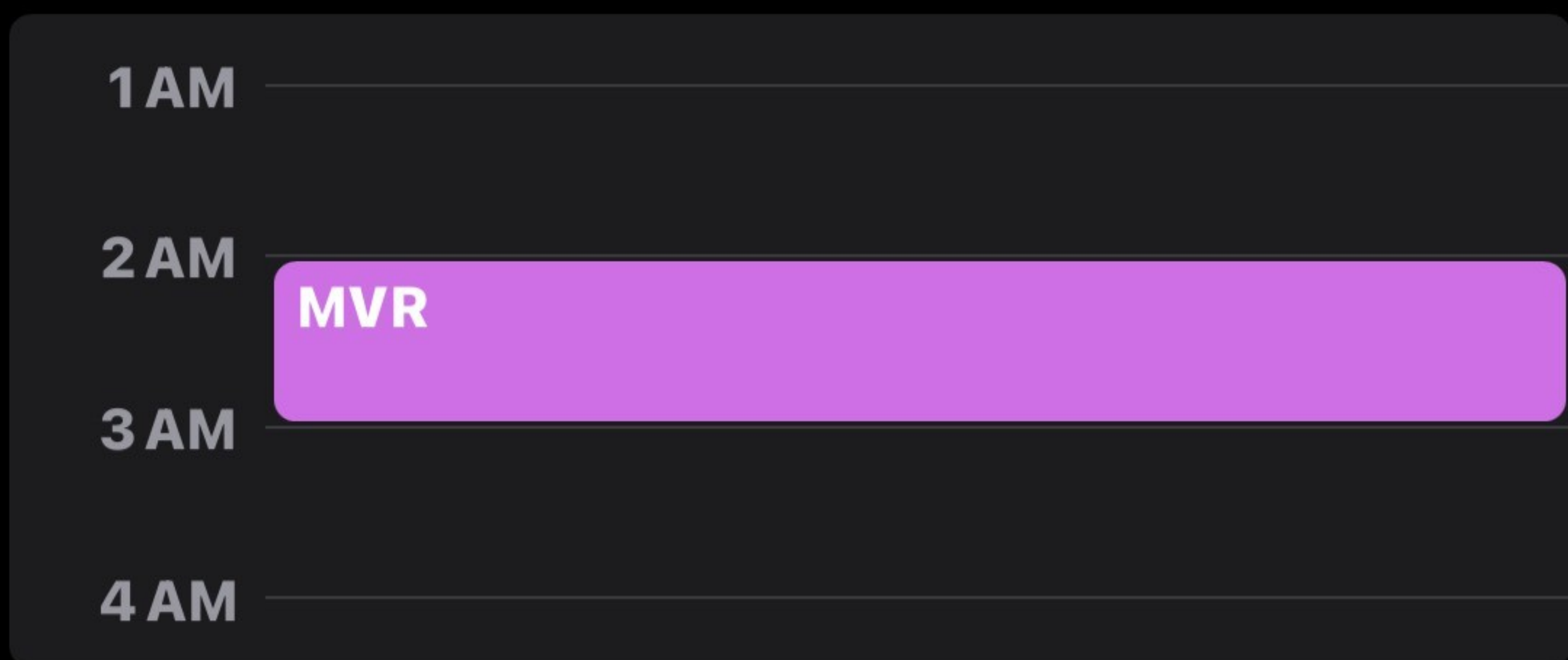
- A reminder will be set one month before each MVR renewal is due, ensuring ample time to process and review the updated records.
- 

### **Considerations for Compliance:**

- Keep both paper and electronic copies of the MVRs for all drivers.
- Mention that MVR records will be available for review during audits or inspections.

# MVR

Saturday, Jul 12, 2025  
from 2 AM to 3 AM  
repeats weekly



Calendar

● Work ↕

Invitees

1 >

Anton Korovchenko

Alert

None ↕

Notes

- Oleksii Guk
- Oleksandr Bahrii
- Oleh Bychkiv
- Anton Korovchenko

Delete Event

Consumer Report for  
Oleksandr Bahrii  
johnfrankmain@gmail.com

Requestor Company  
John Frank LLC

Status  
[Clear](#)

California Candidates/Employees Only: The report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report. An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in Section 1786.26.

Sólo para los Candidatos/Empleados de California: En el informe no se garantiza la exactitud o veracidad de la información en cuanto al tema de la investigación, sino sólo que se ha copiado exactamente de los registros públicos, y la información generada como resultado del robo de identidad, incluyendo las pruebas de una actividad delictiva, podría estar incorrectamente asociada con el consumidor que sea el sujeto del informe. Una agencia investigadora de informes de crédito deberá suministrarle a un consumidor que trate de obtener una copia de un informe o solicite revisar un archivo una notificación por escrito en inglés y español lisos y llanos, en la que se establezcan los términos y las condiciones de su derecho a recibir toda la información, como se dispone en la Sección 1786.26.

## Report Summary

SSN Trace	Aug 19, 2024	<a href="#">Complete</a>
Sex Offender Search	Aug 19, 2024	<a href="#">Clear</a>
Global Watchlist Search	Aug 19, 2024	<a href="#">Clear</a>
National Search	Aug 19, 2024	<a href="#">Complete</a>
Federal Search	Aug 19, 2024	<a href="#">Complete</a>
County Searches	Aug 19, 2024	<a href="#">Clear</a>

## Report information

Clear

First name  
Oleksandr

Middle name  
-

Last name  
Bahrii

Date of birth  
[REDACTED]

Phone number  
(425) 354-8077

Zipcode  
98087

Email  
johnfrankmain@gmail.com

Social Security  
Number  
[REDACTED]

Driver license  
-

Previous driver  
licenses  
-

Compliance Geos  
WA - Seattle

Work Locations  
US - WA - Seattle

Created at  
Aug 19, 2024 7:58 AM  
UTC

Completed at  
Aug 19, 2024 7:49 PM  
UTC

## SSN Trace

Complete

## Sex Offender Search

Clear

## Global Watchlist Search

Clear

## National Search

Complete

## Federal Search

Complete

## County Searches

Clear

## Snohomish, WA

Clear

# checkr

One Montgomery Street, Suite 2400, San Francisco, CA 94104  
[candidate.checkr.com](https://candidate.checkr.com)

Consumer Report for  
Oleksandr Talan  
korovchenko.av8@gmail.com

Requestor Company  
John Frank LLC

Status  
[Clear](#)

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## Report Summary

SSN Trace	Aug 19, 2024	<a href="#">Complete</a>
Sex Offender Search	Aug 19, 2024	<a href="#">Clear</a>
Global Watchlist Search	Aug 19, 2024	<a href="#">Clear</a>
National Search	Aug 19, 2024	<a href="#">Complete</a>
Federal Search	Aug 19, 2024	<a href="#">Complete</a>
County Searches	Aug 19, 2024	<a href="#">Clear</a>

**Report information**

Clear

First name  
Oleksandr

Middle name  
-

Last name  
Talan

Date of birth  
[REDACTED]

Phone number  
(206) 565-6005

Zipcode  
98087

Email  
korovchenko.av8@gmail.com

Social Security Number  
[REDACTED]

Driver license  
-

Previous driver licenses  
-

Compliance Geos  
WA - Seattle

Work Locations  
US - WA - Seattle

Created at  
Aug 19, 2024 8:02 AM UTC

Completed at  
Aug 19, 2024 5:59 PM UTC

**SSN Trace**

Complete

**Sex Offender Search**

Clear

**Global Watchlist Search**

Clear

**National Search**

Complete

**Federal Search**

Complete

**County Searches**

Clear

**Snohomish, WA**

Clear



# Oleksii Guk

[Link to Report](#)

Report Created

Aug 12, 2024

[intelius.com/dashboard](https://intelius.com/dashboard)

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- Credit and/or loans
- Employment
- Education, scholarships or fellowships
- Housing or other accommodations
- Benefits, privileges or services provided by any business establishment.

The information provided by this report has not been collected in whole or in part for the purpose of furnishing consumer reports, as defined in the FCRA. Accordingly, you understand and agree that you will not use any of the information you obtain from this report as a factor in: (a) establishing an individual's eligibility for personal credit, loans, insurance or assessing risks associated with existing consumer credit obligations; (b) evaluating an individual for employment, promotion, reassignment or retention (including employment of household workers such as babysitters, cleaning personnel, nannies, contractors, and other individuals); (c) evaluating an individual for educational opportunities, scholarships or fellowships; (d) evaluating an individual's eligibility for a license or other benefit granted by a government agency or (e) any other product, service or transaction in connection with which a consumer report may be used under the FCRA or any similar state statute, including, without limitation, apartment rental, check-cashing, or the opening of a deposit or transaction account. You also agree that you shall not use any of the information you receive through this report to take any "adverse action," as that term is defined in the FCRA; you have appropriate knowledge of the FCRA; and, if necessary, you will consult with an attorney to ensure compliance with these Terms.



# Personal Information

This section contains known aliases, birth information, and potential imposters gleaned from public records.

First Name

Oleksii

Last Name

Guk

## POSSIBLE ASSOCIATES

Anton Korovchenko

Shared Locations

12553 4th Ave Nw

Anton Korovchenko and Oleksii-Guk may have shared this address from Aug 19, 2022 to Aug 9, 2024 for 1 years 11 months 26 days

# Contact Information

This section contains phone numbers, previous phone number and email addresses associated with Oleksii Guk.

---

Our extensive public records search did not uncover contact information for Oleksii Guk.

# Criminal & Traffic Records

DISCLAIMER: The criminal & traffic record information contained in our reports may not be 100% accurate or complete. This is because the information is pulled from records maintained by government agencies and the information contained in those records may not be 100% accurate or complete. Please use this information as a starting point for your own due diligence and investigation. Please be advised that records matching your alias(es) may also be included.

---

Our extensive public records search did not uncover arrest, criminal, or traffic records information for Oleksii Guk.

How did we search for Oleksii Guk's data?

We scanned for Oleksii Guk's name among hundreds of millions of records from local, state, and federal databases in all 50 states.

Why didn't anything show up?

- 1 Some counties and states don't disclose certain information about criminal, arrest, and traffic records.
- 2 Oleksii Guk might not have a criminal, arrest, or traffic record!
- 3 Oleksii Guk's record is still being processed in their county.

# Social Profiles

This section contains possible online profiles and articles for the subject of this report.

---

Our extensive public records search did not uncover social profiles information for Oleksii Guk.

73% of Americans have a social media profile.

Oleksii Guk might be one of the 86 million who don't.

# Business Profiles

This section includes business related information that we have found on this person such as business affiliations or employment history.

## Possible Business Affiliations

### John Frank LLC

DUNS Number	Primary Company Names	Current Address
115245546	John Frank LLC	12553 4th Ave Nw, Seattle, WA, 98177

## CORPORATE FILINGS

### John Frank Llc (Primary)

Business Name	JOHN FRANK LLC	Filing Office Address	505 Union Ave Se # 2, Olympia, WA 98501
Corporation Type	Corporation	Registration Type	Limited Liability Company
Standard Industrial Classification Code	00000000	Securities And Exchange Commission Status	Active
Filing Number	#604956155	Verification Date	Sep 12, 2023
Filing Office DUNS Number	#361960461	Received Date	Sep 20, 2023
Filing Date	Aug 9, 2022	File Date	Sep 23, 2023
Filing Office Name	Secretary Of State/Corporations Division		

### Business Contact - Oleksii Guk

Title	Other, GOVERNOR	Address	Address Not Listed
-------	-----------------	---------	--------------------

### Business Contact - Oleksii Guk

Title	Other, GOVERNOR	Address	12553 4th Ave Nw, Seattle, WA 98177-4414
-------	-----------------	---------	--

### Business Contact - Anton Korovchenko

Title	Other, GOVERNOR	Address	12553 4th Ave Nw, Seattle, WA 98177-4414
-------	-----------------	---------	--

### Business Contact - Anton Korovchenko

Title	Other, GOVERNOR	Address	12553 4th Ave Nw, Seattle, WA 98177-4414
-------	-----------------	---------	--

### Business Contact - Anton Korovchenko

Title	Registered Agent	Address	12553 4th Ave Nw, Seattle, WA 98177-4414
-------	------------------	---------	--

# Anton Korovchenko

[Link to Report](#)

Report Created

Aug 12, 2024

[intelius.com/dashboard](https://intelius.com/dashboard)

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- Health insurance or any other insurance
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- Employment
- Education, scholarships or fellowships
- Housing or other accommodations
- Benefits, privileges or services provided by any business establishment.

The information provided by this report has not been collected in whole or in part for the purpose of furnishing consumer reports, as defined in the FCRA. Accordingly, you understand and agree that you will not use any of the information you obtain from this report as a factor in: (a) establishing an individual's eligibility for personal credit, loans, insurance or assessing risks associated with existing consumer credit obligations; (b) evaluating an individual for employment, promotion, reassignment or retention (including employment of household workers such as babysitters, cleaning personnel, nannies, contractors, and other individuals); (c) evaluating an individual for educational opportunities, scholarships or fellowships; (d) evaluating an individual's eligibility for a license or other benefit granted by a government agency or (e) any other product, service or transaction in connection with which a consumer report may be used under the FCRA or any similar state statute, including, without limitation, apartment rental, check-cashing, or the opening of a deposit or transaction account. You also agree that you shall not use any of the information you receive through this report to take any "adverse action," as that term is defined in the FCRA; you have appropriate knowledge of the FCRA; and, if necessary, you will consult with an attorney to ensure compliance with these Terms.

# Personal Information

This section contains known aliases, birth information, and potential imposters gleaned from public records.

First Name

Anton

Last Name

Korovchenko

## Birth Information

Age

38

Born



## Known Aliases

Anton Lv

=E@>2G5=:>

## Images



## JOBS

Atlant LLC

### Co-Founder

Last Seen: Jun 15, 2024

Employment Duration

Jan 31, 2019 - Jun 15, 2024

Antex LLC, Foodway

### Co-Founder

Last Seen: Jun 15, 2024

Employment Duration

Jan 31, 2019 - Jun 15, 2024

SportLand

### Fitness Instructor

Last Seen: Jun 15, 2024

Employment Duration

Jan 1, 2014 - Jun 15, 2024

---

Pensacola Junior College

## Fitness instructor

Employment Duration

Jan 1, 2014

## EDUCATION

Pensacola State College

Attendance Dates

Jan 1, 2010 - Dec 31, 2011

University

Pensacola State College

---

"## " "

!75F80;8AB, 2830B5;L=00 B5@0780, @01>B0 A ?A8E8:>9 8 B5;>< 8 D878G5A:>5 2>A?8B0=85

Attendance Dates

Jan 1, 2004 - Dec 31, 2009

Qualification Type

!75F80;8AB, 2830B5;L=00 B5@0780;# @01>B0 A ?A8E8:>9 8 B5;>< 8 D878G5A:>5 2>A?8B0=85

University

## POSSIBLE ASSOCIATES

### Anton Makukhin

Shared Locations

5055 Lindell Rd Apt 2110

Anton Makukhin and Anton Koro-  
rovchenko may have shared this  
address from Oct 26, 2016 to Feb  
3, 2017 for 3 months 10 days

### Oleksii Guk

Shared Locations

12553 4th Ave Nw

Oleksii Guk and Anton Ko-  
rovchenko may have shared this  
address from Aug 19, 2022 to Aug  
9, 2024 for 1 years 11 months 26  
days

### Maksym Boiko

### Svetlana A SENCHIHINA, 42 years old (approximate)

Phone Numbers

(858) 531-0928

(702) 240-0283

(702) 754-4179



Karolin Enriquez Diaz

---

Olga Makukhina

---

Rigoberto Cabrera Rivero

## RELATED LINKS

<https://www.linkedin.com/in/anton-korovchenko-4846765a>  
<http://vk.com/id8436978>  
<http://www.facebook.com/people/ /100000490488003>  
<https://www.linkedin.com/edu/pensacola-state-college-32005>  
<https://www.linkedin.com/school/pensacola-state-college/>  
<http://foodway.co>  
<http://www.facebook.com/anton.korovchenko>

# Contact Information

This section contains phone numbers, previous phone number and email addresses associated with Anton Korovchenko.

---

## POSSIBLE EMAILS

Email	Type
-------	------

---

<a href="mailto:anton_korovchenko@yahoo.com">anton_korovchenko@yahoo.com</a>	
--	--

# Location Information

This section includes all of the locations related to this person. Locations listed may include current residence, past residences, and places of work.

---

## 12553 4th Ave Nw, Seattle, WA 98177-4414

Dates Seen At Address

Aug 19, 2022 - Aug 12, 2024

---

## 5055 Lindell Rd Apt 2110, Las Vegas, NV 89118-1266

Dates Seen At Address

Oct 26, 2016 - Jul 10, 2021

## POSSIBLE NEIGHBORS

### Neighbors for 12553 4th Ave Nw, Seattle, WA, 98177

#### Christoph Paul Kruger

Age:	59 (approx)	Born	Aug 1963
Neighbor Address:	12550 4th Ave Nw, Seattle, WA, 98177	Phone Number:	(360) 674-4656

#### Thomas E Smidt

Age:	73 (approx)	Born	Aug 1949
Neighbor Address:	12558 4th Ave Nw, Seattle, WA, 98177	Phone Number:	(206) 365-3887

#### Sandra D Smidt

Age:	71 (approx)	Born	Aug 1951
Neighbor Address:	12558 4th Ave Nw, Seattle, WA, 98177	Phone Number:	(206) 365-3887

#### Kimber Lee Brown

Age:	54 (approx)	Born	Aug 1968
Neighbor Address:	12559 4th Ave Nw, Seattle, WA, 98177	Phone Number:	(206) 440-1505

#### Jeffrey Brown

Age:	53 (approx)	Born	Aug 1969
Neighbor Address:	12559 4th Ave Nw, Seattle, WA, 98177	Phone Number:	(206) 440-1505

# Criminal & Traffic Records

DISCLAIMER: The criminal & traffic record information contained in our reports may not be 100% accurate or complete. This is because the information is pulled from records maintained by government agencies and the information contained in those records may not be 100% accurate or complete. Please use this information as a starting point for your own due diligence and investigation. Please be advised that records matching your alias(es) may also be included.

---

Our extensive public records search did not uncover arrest, criminal, or traffic records information for Anton Korovchenko.

How did we search for Anton Korovchenko's data?

We scanned for Anton Korovchenko's name among hundreds of millions of records from local, state, and federal databases in all 50 states.

Why didn't anything show up?

- 1 Some counties and states don't disclose certain information about criminal, arrest, and traffic records.
- 2 Anton Korovchenko might not have a criminal, arrest, or traffic record!
- 3 Anton Korovchenko's record is still being processed in their county.

# Social Profiles

This section contains possible online profiles and articles for the subject of this report.

---

## LINKEDIN

Anton Korovchenko

[anton-korovchenko-4846765a](#)

Username:

anton-korovchenko-4846765a

Current Job:

Co-Founder at Atlant LLC

Previous Jobs:

Co-Founder at Antex LLC, Foodway

Fitness Instructor at SportLand

Fitness instructor at Pensacola Junior College

Education:

Pensacola State College

Related URLs

<https://www.linkedin.com/...>

<https://www.linkedin.com/...>

<http://foodway.co>

User's ID

5a/676/484@linkedin

210668068@linkedin

#4846765a@linkedin

Industry

Higher Education

Business Supplies And Equipment

Food & Beverages

Skills

Teaching

Student Affairs

Public Speaking

Curriculum Development

Curriculum Design

Community Outreach

Grant Writing

Research

Academic Advising

Event Planning

Staff Development

Classroom

Editing

Fundraising

Instructional Design

Adult Education

Nonprofits

E-Learning

Leadership Development

Title

Healthy Lifestyle

Connections

57 Connections

---

## FACEBOOK

Anton Korovchenko

[anton.korovchenko](#)

Username:

anton.korovchenko

Related URLs

<http://www.facebook.com/a...>

User's ID

100000490488003@facebook

---

## TWITTER

Anton Korovchenko

[only\\_wtkm](#)

Username:

only\_wtkm

Following

13

User's ID

338199743@twitter

Description

Wtkm

Followers

16

# Business Profiles

This section includes business related information that we have found on this person such as business affiliations or employment history.

## Possible Business Affiliations

### Antex LLC

DUNS Number	Primary Company Names	Current Address
080671900	Antex LLC	5055 Lindell Rd Apt 2110, Las Vegas, NV, 89118

### John Frank LLC

DUNS Number	Primary Company Names	Current Address
115245546	John Frank LLC	12553 4th Ave Nw, Seattle, WA, 98177

## CORPORATE FILINGS

### Antex Llc (Primary)

Business Name	ANTEX LLC	Filing Office Address	State Capitol, Carson City, NV 89714
Corporation Type	Corporation	Registration Type	Domestic Limited Liability Company
Standard Industrial Classification Code	00000000	Securities And Exchange Commission Status	Revoked
Filing Number	#E0210402016-4	Verification Date	Feb 6, 2023
Filing Office DUNS Number	#361857444	Received Date	Feb 7, 2023
Filing Date	May 9, 2016	File Date	Feb 10, 2023
Filing Office Name	Corporation Div		

### Business Contact - Steve Ewaniuk

Title	Registered Agent	Address	3311 S Rainbow Blvd Ste 133, Las Vegas, NV 89146-6208
-------	------------------	---------	---

### Business Contact - Anton Korovchenko

Title	Other, MEMBER	Address	5055 Lindell Rd Apt 2110, Las Vegas, NV 89118-1266
-------	---------------	---------	--

### John Frank Llc (Primary)

Business Name	JOHN FRANK LLC	Filing Office Address	505 Union Ave Se # 2, Olympia, WA 98501
Corporation Type	Corporation	Standard Industrial Classification Code	00000000

Filing Number	#604956155	Registration Type	Limited Liability Company
Filing Office DUNS Number	#361960461	Securities And Exchange Commission Status	Active
Filing Date	Aug 9, 2022	Verification Date	Sep 12, 2023
Filing Office Name	Secretary Of State/Corporations Division	Received Date	Sep 20, 2023
		File Date	Sep 23, 2023

**Business Contact - Oleksii Guk**

Title	Other, GOVERNOR	Address	Address Not Listed
-------	-----------------	---------	--------------------

**Business Contact - Oleksii Guk**

Title	Other, GOVERNOR	Address	12553 4th Ave Nw, Seattle, WA 98177-4414
-------	-----------------	---------	--

**Business Contact - Anton Korovchenko**

Title	Other, GOVERNOR	Address	12553 4th Ave Nw, Seattle, WA 98177-4414
-------	-----------------	---------	--

**Business Contact - Anton Korovchenko**

Title	Other, GOVERNOR	Address	12553 4th Ave Nw, Seattle, WA 98177-4414
-------	-----------------	---------	--

**Business Contact - Anton Korovchenko**

Title	Registered Agent	Address	12553 4th Ave Nw, Seattle, WA 98177-4414
-------	------------------	---------	--

## EMPLOYMENT HISTORY

**John Frank LLC**

Employment Dates	Aug 12, 2022 - Jan 5, 2024
------------------	----------------------------

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**Antex LLC**

Employment Dates	Oct 27, 2016 - Jan 1, 2024	Employer's Address	5055 Lindell Rd Apt 2110, Las Vegas, NV 89118
------------------	----------------------------	--------------------	---



# Licenses

Possible data may include FAA pilot licenses and DEA licenses for prescribing controlled pharmaceuticals.

---

## PROFESSIONAL LICENSES

### A

Name Anton Korovchenko

Phone (213) 667-1080

License Number [REDACTED]

License State WA

Issue Date Aug 17, 2022

Address [REDACTED]

Business Name John Frank Llc

License Status Active

Job Functions A

Consumer Report for  
Oleh Bychkiv  
johnfrankmoving@gmail.com

Requestor Company  
John Frank LLC

Status  
[Clear](#)

California Candidates/Employees Only: The report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report. An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in Section 1786.26.

Sólo para los Candidatos/Empleados de California: En el informe no se garantiza la exactitud o veracidad de la información en cuanto al tema de la investigación, sino sólo que se ha copiado exactamente de los registros públicos, y la información generada como resultado del robo de identidad, incluyendo las pruebas de una actividad delictiva, podría estar incorrectamente asociada con el consumidor que sea el sujeto del informe. Una agencia investigadora de informes de crédito deberá suministrarle a un consumidor que trate de obtener una copia de un informe o solicite revisar un archivo una notificación por escrito en inglés y español lisos y llanos, en la que se establezcan los términos y las condiciones de su derecho a recibir toda la información, como se dispone en la Sección 1786.26.

## Report Summary

SSN Trace	Aug 19, 2024	<a href="#">Complete</a>
Sex Offender Search	Aug 19, 2024	<a href="#">Clear</a>
Global Watchlist Search	Aug 19, 2024	<a href="#">Clear</a>
National Search	Aug 19, 2024	<a href="#">Complete</a>
Federal Search	Aug 19, 2024	<a href="#">Complete</a>
County Searches	Aug 19, 2024	<a href="#">Clear</a>

## Report information

[Clear](#)

First name  
Oleh

Middle name  
-

Last name  
Bychkiv

Date of birth  
Apr 30, XXXX

Phone number  
(347) 957-4967

Zipcode  
98012

Email  
johnfrankmoving@g  
mail.com

Social Security  
Number  
XXX-XX-4258

Driver license  
-

Previous driver  
licenses  
-

Compliance Geos  
WA - Seattle

Work Locations  
US - WA - Seattle

Created at  
Aug 19, 2024 7:20 AM  
UTC

Completed at  
Aug 19, 2024 7:22 AM  
UTC

## SSN Trace

[Complete](#)

## Sex Offender Search

[Clear](#)

## Global Watchlist Search

[Clear](#)

## National Search

[Complete](#)

## Federal Search

[Complete](#)

## County Searches

[Clear](#)

**Snohomish, WA**

[Clear](#)

**King, WA**

[Clear](#)

# Hiring Policy

John Frank LLC

---

## Purpose:

This policy outlines the procedures for hiring employees at John Frank LLC to ensure compliance with federal and state regulations, including background checks, driver qualification documentation, MVR (Motor Vehicle Record) inquiries, and proper record-keeping practices. This policy applies to all employees, including drivers and non-driving staff.

---

## Policy Overview:

All prospective employees must go through a structured hiring process that ensures compliance with all legal requirements. This includes completing a DOT-compliant employment application, conducting criminal background checks, performing driver record inquiries (where applicable), and verifying medical examiner certificates for drivers. Each step of the hiring process must be documented and stored in the appropriate personnel or driver qualification file.

---

## Hiring Process:

1. **Employment Application:**
  - All prospective employees must complete and submit a **DOT-compliant employment application** before being considered for hire.
  - The application must include all relevant employment history, references, and driving experience (for drivers).
2. **Criminal Background Check:**
  - A **national criminal background check** will be conducted for all applicants (drivers and non-drivers) using a trusted third-party service, such as **HireRight**.
  - The background check must be completed and reviewed **before** the applicant can begin work.
  - Background check results will be filed in the employee's **personnel file** (for non-drivers) or **driver qualification file** (for drivers).
3. **Driver's Record of Duty Status (Drivers Only):**
  - All driver applicants must submit an **MVR (Motor Vehicle Record)** inquiry within **30 days of hire**.
  - The MVR inquiry will be conducted annually after hiring to ensure the driver's ongoing compliance.
  - The MVR results must be filed in the driver's **qualification file**.

4. **Medical Examiner's Certificate (Drivers Only):**
    - Each driver must submit a **Medical Examiner's Certificate** as part of their hiring process. This certificate will be verified and a note will be placed in the driver's qualification file confirming the verification.
    - A system (via **Google Calendar** or **fleet management software**) will track the expiration date of the certificate, with reminders set to ensure timely renewals.
  5. **Driver's Record of Duty Status (Drivers Only):**
    - The driver's record of duty status must be preserved for a minimum of **six months** using **Google Drive**. These records will be reviewed monthly to ensure they are up-to-date and properly stored.
  6. **Annual Driver Record Inquiries (Drivers Only):**
    - An inquiry into the driver's driving record will be conducted annually via the relevant state agencies.
    - The results of this inquiry must be filed in the driver's qualification file and preserved for **three years**.
- 

## Tools and Record-Keeping:

1. **Google Calendar:**
    - The hiring process will use **Google Calendar** to track each step of the hiring process, from background checks to MVR inquiries and medical certificate verifications. Automatic reminders will be set for each key date (e.g., renewal of medical certificates, annual MVR checks).
  2. **Google Drive:**
    - All documentation, including employment applications, background checks, MVRs, and medical certificates, will be stored securely in **Google Drive** with proper organization by employee and driver.
- 

## Future Compliance Measures:

1. **Staff Training:**
    - All hiring managers will be trained on this hiring policy to ensure they follow the outlined procedures, complete necessary background checks, and maintain accurate records for both drivers and non-drivers.
  2. **Periodic Audits:**
    - Internal audits will be conducted **monthly** to ensure that all required documents are properly filed and that background checks, MVR inquiries, and medical certificate verifications are completed on time.
-

## **Consequences for Non-Compliance:**

Failure to follow this policy or complete the required background checks and record-keeping steps may result in disciplinary action and could lead to violations during audits or inspections. It is the responsibility of all managers to ensure compliance with this policy.

---

**Effective Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

---

[+ New](#)[Home](#)[My Drive](#)[Computers](#)[Shared with me](#)[Recent](#)[Starred](#)[Spam](#)[Trash](#)[Storage](#)

711.1 MB of 15 GB used

[Get more storage](#)

My Drive &gt; Employees &gt; Timesheets ▾

Type ▾

People ▾

Modified ▾

Name

↑

Owner



1. January

me



2. February

me



3. March

me



4. April

me



5. May

me



6. June

me



7. July

me



8. August

me



9. September

me

+ New

Home

My Drive

Computers

Shared with me

Recent

Starred

Spam

Trash

Storage

... > Timesheets > 1. January ▾

Type ▾

People ▾

Modified ▾

Name



Owner



DRIVERS TIME RECORD Anton

me



DRIVERS TIME RECORD Lesha

me



DRIVERS TIME RECORD Oleg

me



DRIVERS TIME RECORD Sasha

me



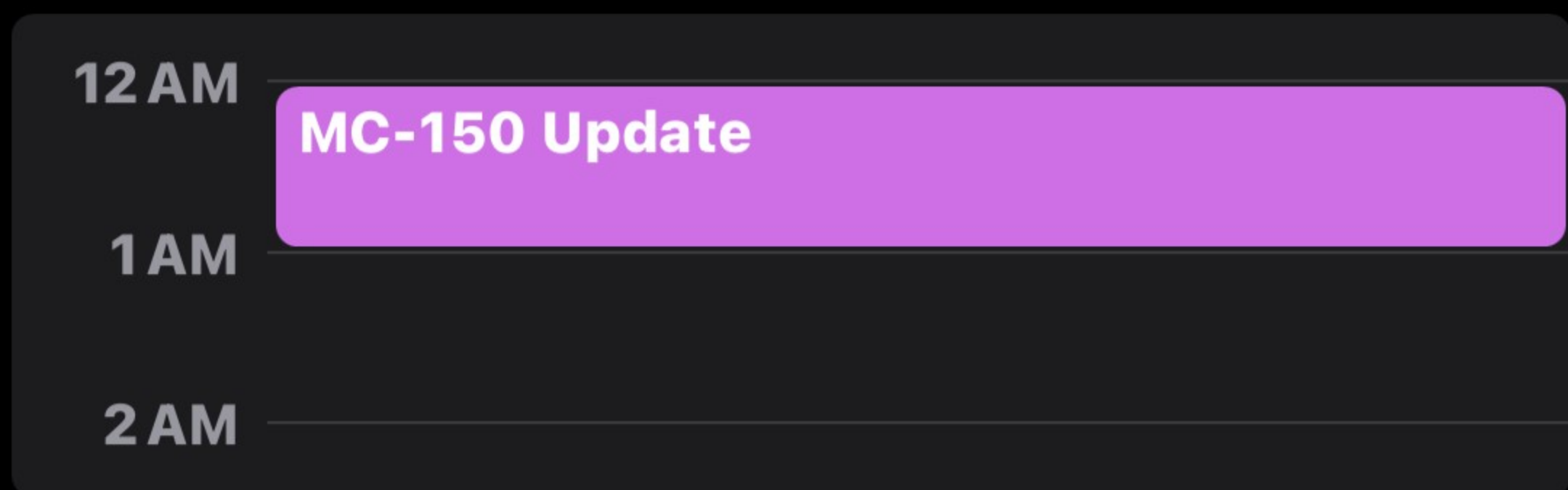
Jobs January 2024

me



# MC-150 Update

Friday, Mar 27, 2026  
from 12 AM to 1 AM  
repeats weekly



Calendar

● Work ↕

Alert

None ↕

Notes

The next update due 4/27/24

Delete Event

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in [49 CFR 391.21](#).

**DRIVER EMPLOYMENT APPLICATION**

[COMPANY NAME, ADDRESS, PHONE NUMBER, AND EMAIL]

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?  YES  NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

Page 1 of 4

ACCIDENT RECORD FOR THE PAST 3 YEARS				
Attach additional sheet if more space is needed. Check this box if none <input type="checkbox"/>				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
Attach additional sheet if more space is needed. Check this box if none <input type="checkbox"/>			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

If yes, explain

#### EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.**

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER				
NAME				PHONE
ADDRESS				
POSITION HELD		FROM MO/YR		TO MO/YR
REASON FOR LEAVING				SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)				

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER							
NAME					PHONE		
ADDRESS							
POSITION HELD			FROM MO/YR			TO MO/YR	
REASON FOR LEAVING					SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO					

THIRD (MOST RECENT) EMPLOYER							
NAME					PHONE		
ADDRESS							
POSITION HELD			FROM MO/YR			TO MO/YR	
REASON FOR LEAVING					SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO					

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N	DETAILS
High School				<input type="checkbox"/> <input type="checkbox"/>	
College				<input type="checkbox"/> <input type="checkbox"/>	
Other				<input type="checkbox"/> <input type="checkbox"/>	

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

# Policy for Annual Driver Record Inquiry

*John Frank LLC*

## **Purpose:**

This policy ensures that John Frank LLC remains compliant with federal regulations (FMCSA 391.51(b)(4)) by conducting and maintaining annual driver record inquiries for all employed drivers.

---

## **Policy Overview:**

Managers are required to conduct an annual driving record inquiry for each driver by requesting their driving record from the relevant state agencies. The responses must be retained in the driver's qualification file for at least three years.

---

## **Procedure:**

### **1. Annual Inquiry:**

- Managers must initiate the driving record inquiry **once every 12 months** for each employed driver.
- Use the driver's **hire date** as the reference point for when the inquiry should be completed. For example, if a driver was hired on March 1st, their driving record must be reviewed by March 1st of each subsequent year.

### **2. Request from State Agencies:**

- The inquiry must be sent to each relevant state agency where the driver holds a license. Managers are responsible for making sure that all states are contacted if the driver holds multiple licenses.

### **3. Retention of State Responses:**

- Once the state agency provides the driver's record, managers must ensure that the **response is filed in the driver's qualification file**.
- These records must be maintained for a minimum of **three years** as required by federal law.

### **4. Tracking and Reminders:**

- Managers must implement a **tracking system** (digital or paper) to monitor the annual due dates for each driver's record inquiry.
- A **reminder system** (via calendar or fleet management software) must be set up to notify managers **one month in advance** of each driver's inquiry deadline to ensure timely completion.

### **5. Driver Non-Compliance:**

- In cases where a driver fails to submit a required updated license or necessary documents, the manager must immediately notify the driver and resolve the issue before the annual deadline.
- 

#### **Monitoring and Audits:**

- Managers must conduct **quarterly reviews** of all driver qualification files to ensure that all annual driver record inquiries have been completed and are properly filed.
  - The **operations manager** will conduct random audits twice a year to ensure compliance with this policy.
- 

#### **Consequences for Non-Compliance:**

Failure to adhere to this policy may result in disciplinary actions and/or fines from regulatory agencies. It is the responsibility of each manager to ensure that all driver qualification files are kept up to date with the required documentation.

---

**Effective Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

## Driver Vehicle Inspection Report (DVIR)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_

Tire Size: \_\_\_\_\_

---

Driver's name: \_\_\_\_\_

Driver signature: \_\_\_\_\_

- **Pre-Trip Inspection**

(Please check "Pass" or "Fail" for each item)

Item	P	F	N
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights (Headlights, Taillights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield and Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cargo Securement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Equipment (Fire extinguisher, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheels and Rims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupling Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Defects Noted:**

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- **Post-Trip Inspection** (if applicable):  
(Please check "Pass" or "Fail" for each item)

<b>Item</b>	<b>P</b>	<b>F</b>	<b>N</b>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights (Headlights, Taillights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield and Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**Driver name:** \_\_\_\_\_

**Driver's Signature:** \_\_\_\_\_

**Inspector's Signature** (if applicable): \_\_\_\_\_



**Vehicle Maintenance Record**

**Company Name:** John Frank LLC

**Vehicle Identification:**

- **Make/Model:** \_\_\_\_\_
- **Year:** \_\_\_\_\_
- **VIN:** \_\_\_\_\_
- **License Plate Number:** \_\_\_\_\_
- **Odometer:** \_\_\_\_\_
- **Fleet number:** \_\_\_\_\_
- **Tire Size:** \_\_\_\_\_

---

**Maintenance and Inspection Log**

<b>Date</b>	<b>Service/Inspection Performed</b>	<b>Mechanic</b>	<b>Cost</b>	<b>Next Service Due</b>	<b>Notes</b>
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**Identified by:**

**Notes/Additional Information**

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**Service Performed by:**

**Outcome:**

**Date:**

## Vehicle Maintenance Record

**Company Name:** John Frank LLC

**Vehicle Identification:**

- **Make/Model:** Ford Econoline
- **Year:** 2011
- **VIN:** 1FDWE3FL3BDA79637
- **License Plate Number:** D40048A
- **Odometer:** 303 517
- **Fleet number:** 1
- **Tire Size:**225/75R16

---

## Maintenance and Inspection Log

<b>Date</b>	<b>Service/Inspection Performed</b>	<b>Mechanic</b>	<b>Cost</b>	<b>Next Service Due</b>	<b>Notes</b>
8/13/24	Oxygen sensor, Crank sensor	David Melnik	\$560	-	-

**Identified by:** Oleksii Guk

**Notes/Additional Information**

Poor acceleration and overall reduced engine performance. Runs 45-50 miles per hour max.

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**Service Performed by:** Victor Repair Shop

**Outcome:** FIXED

## **Periodic Inspection Protocol John Frank LLC**

### **Purpose:**

This protocol ensures compliance with the UTC commission by maintaining vehicle inspection records and scheduling periodic inspections.

### **Procedure:**

- Retain periodic inspection reports for each vehicle every 14 months.
- Set a reminder in the calendar one month before the next inspection is due to allow sufficient time for scheduling.

### **Vehicle Inspection Schedule:**

- 2011 Ford Econoline 16 ft Box Truck  
VIN: 1FDWE3FL3BDA79637  
Next inspection due by: 10/8/25
- 2008 International 24 ft Box Truck  
VIN: 1HTMNAAL88H579725  
Next inspection due by: 10/8/25
- 2014 Isuzu NRR 20 ft Box Truck  
VIN: JALE5W16XE7300607  
Next inspection due by: 10/9/25
- 2016 Isuzu NRR 24 ft Box Truck  
VIN: JALE5W166G7303975  
Next inspection due by: 10/9/25

### **Additional Notes:**

- Inspection reports should be stored in both physical and digital formats (if applicable) for easy access during audits.
- Ensure that each inspection covers key safety elements including brakes, tires, lights, steering, and cargo securement to comply with safety standards.

### **Calendar Management:**

- A reminder will be set one month before each inspection is due to schedule and complete the inspection on time.

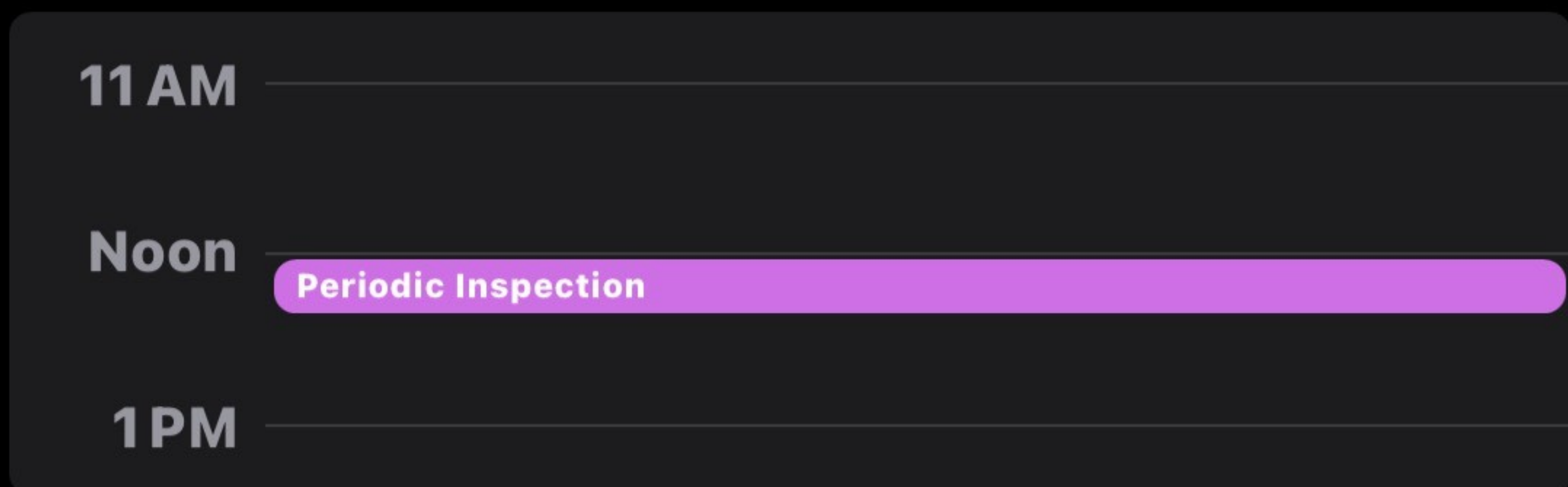
---

### **Considerations for Compliance:**

- Keep both paper and electronic copies of the inspection reports.
- Mention that your inspection reports will be available for review during audits or inspections by UTC.

# Periodic Inspection

Tuesday, Jul 8, 2025  
from 12 PM to 12 PM



Calendar

● Work ↕

Invitees

1 >

Anton Korovchenko

Alert

1 day before ↕

Second Alert

2 days before ↕

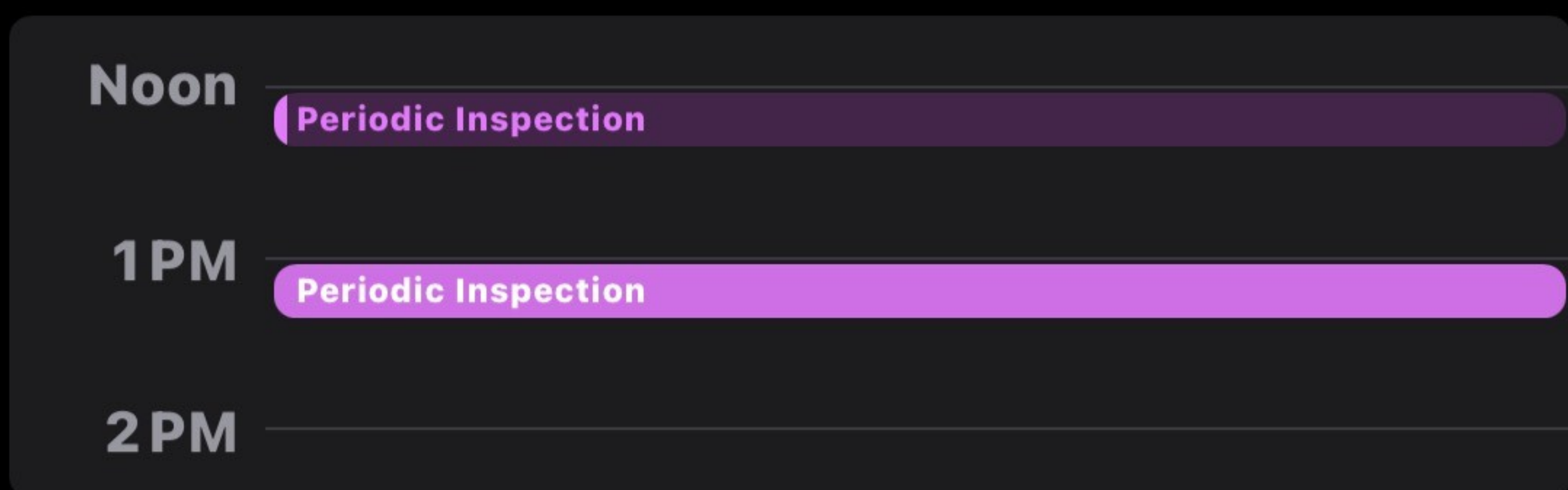
Notes

2011 Ford / VIN: DA79637

Delete Event

# Periodic Inspection

Tuesday, Jul 8, 2025  
from 1PM to 1PM



Calendar

● Work ↕

Invitees

1 >

Anton Korovchenko

Alert

1 day before ↕

Second Alert

2 days before ↕

Notes

2008 International / VIN: H579725

Delete Event



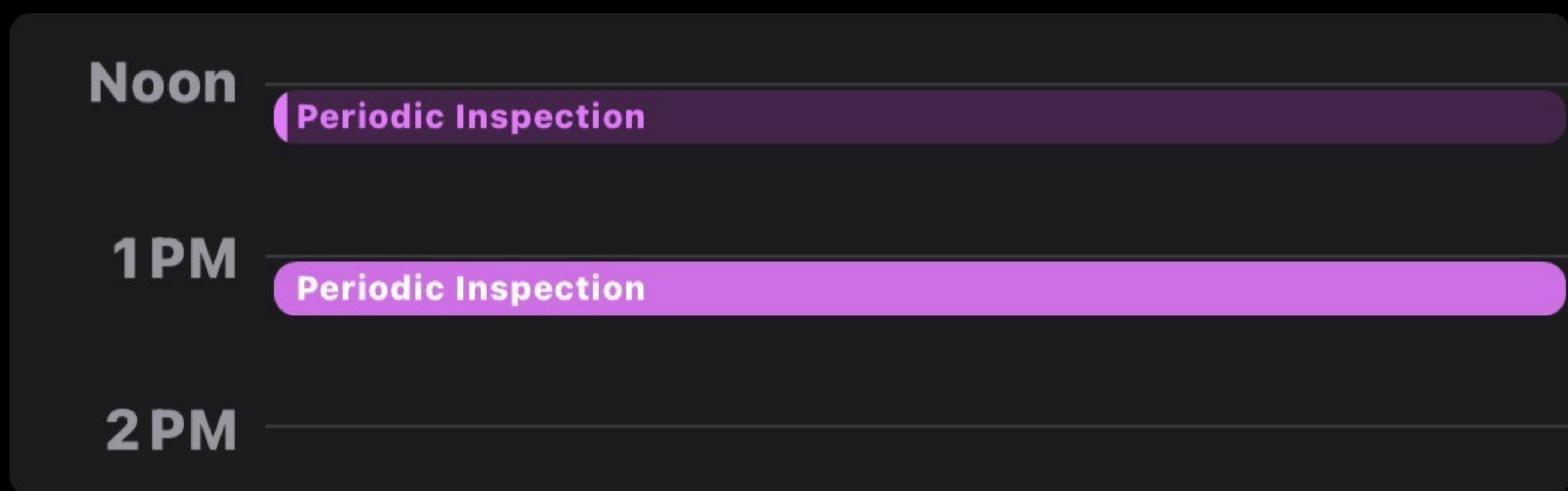
# Periodic Inspection

📞 730-3975

Call



Wednesday, Jul 9, 2025  
from 1PM to 1PM



Calendar

● Work ⌵

Invitees

1 >

Anton Korovchenko

Alert

1 day before ⌵

Second Alert

2 days before ⌵

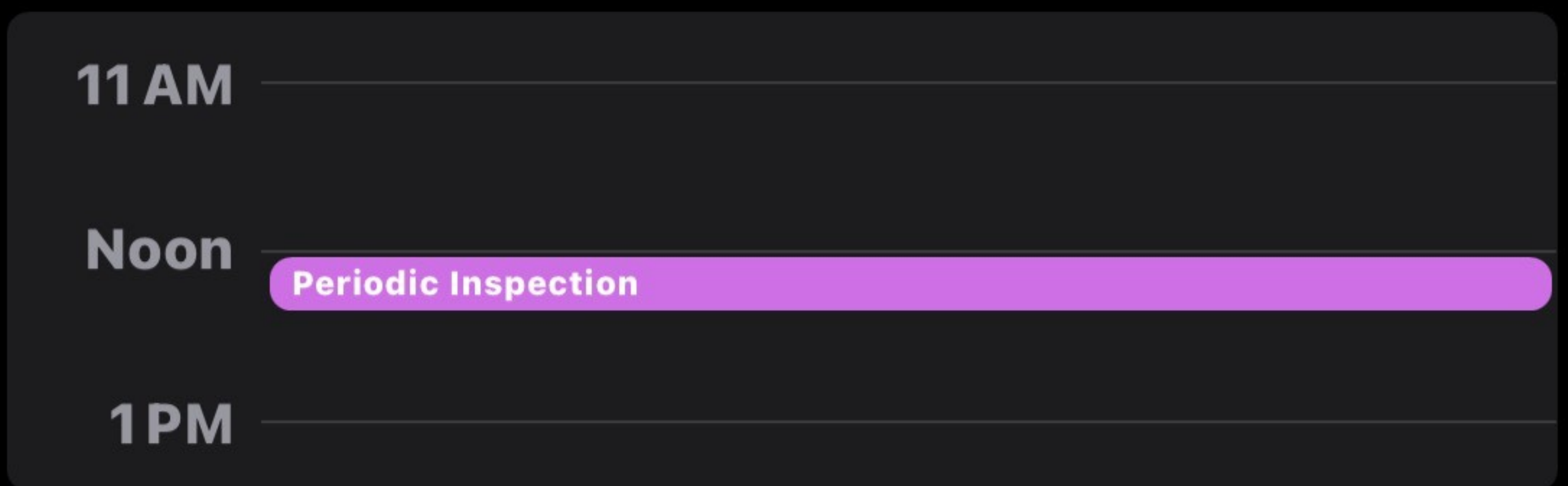
Notes

2016 Isuzu / VIN: **7303975**

Delete Event

# Periodic Inspection

Wednesday, Jul 9, 2025  
from 12 PM to 12 PM



Calendar

● Work ↕

Invitees

1 >

Anton Korovchenko

Alert

1 day before ↕

Second Alert

2 days before ↕

Notes

2014 Isuzu / VIN: 7300607

Delete Event

# ANNUAL VEHICLE INSPECTION REPORT

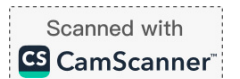
VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
DATE <b>8-8-24</b>	

MOTOR CARRIER OPERATOR <b>JOHN FRANK MOVING CO</b>	INSPECTOR'S NAME (PRINT OR TYPE) <b>COM Williver</b>
ADDRESS <b>12553 4* AVE N.W.</b>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES
CITY, STATE, ZIP CODE <b>SEATTLE WA. 98177</b>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <b>1FDWE3FL3BDA79637</b>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			<b>1. BRAKE SYSTEM</b>				<b>6. SAFE LOADING</b>				<b>12. WINDSHIELD GLAZING</b>
✓			a. Service Brakes	✓			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	✓			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
✓			b. Parking Brake System	✓			b. Front End Structure	✓			<b>13. WINDSHIELD WIPERS</b>
✓			c. Brake Drums or Rotors	✓			c. Intermodal Container Securement Devices	✓			No missing, damaged, or inoperable wipers.
✓			d. Brake Hose				<b>7. STEERING MECHANISM</b>				<b>14. MOTORCOACH SEATS</b>
✓			e. Brake Tubing	✓			a. Steering Wheel Free Play	✓			Seats securely fastened to the vehicle structure.
✓			f. Low Pressure Warning Device	✓			b. Steering Column	✓			<b>15. REAR IMPACT GUARD</b>
✓			g. Tractor Protection Valve	✓			c. Front Axle Beam/All Other Steering Components	✓			In place, securely attached, proper size, proper placement (see 393.86).
✓			h. Air Compressor	✓			d. Steering Gear Box				<b>16. OTHER</b>
✓			i. Electric Brakes	✓			e. Pitman Arm				List any other condition(s) which may prevent safe operation of this vehicle.
✓			j. Hydraulic Brakes	✓			f. Power Steering				<i>CHECK ENGINE LIGHT ON</i>
✓			k. Vacuum Systems	✓			g. Ball and Socket Joints				<i>AIR BAG LIGHT ON</i>
✓			l. Antilock Brake System	✓			h. Tie Rods and Drag Links				<i>CUSTOMER TO MAKE APPOINTMENT FOR REPAIRS</i>
✓			m. Automatic Brake Adjusters	✓			i. Nuts				
			<b>2. COUPLING DEVICES</b>				<b>8. SUSPENSION</b>				
			a. Fifth Wheels				a. Axle Positioning Parts				
			b. Pintle Hooks				b. Spring Assembly				
			c. Drawbar/Towbar Eye				c. Torque, Radius or Tracking Components				
			d. Drawbar/Towbar Tongue								
			e. Safety Devices								
			f. Saddle-Mounts								
			<b>3. EXHAUST SYSTEM</b>				<b>9. FRAME</b>				
✓			a. No leaks forward of/ directly below the driver/ sleeper compartment.	✓			a. Frame Members				
✓			b. Bus: No leaking/ discharging in violation of standard.	✓			b. Tire and Wheel Clearance				
✓			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)				
			<b>4. FUEL SYSTEM</b>				<b>10. TIRES</b>				
✓			a. No visible leak.				a. Steer-Axle Tires				
✓			b. Fuel Tank Filler Cap				b. All Other Tires				
✓			c. Fuel tank securely attached.				c. Speed-Restricted Tires				
			<b>5. LIGHTING DEVICES</b>				<b>11. WHEELS AND RIMS</b>				
✓			All required lights/reflectors operable.	✓			a. Lock or Side Ring				
				✓			b. Wheels and Rims				
				✓			c. Fasteners				
				✓			d. Welds				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.**



# ANNUAL VEHICLE INSPECTION REPORT

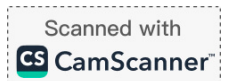
VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
DATE <u>8-9-24</u>	

MOTOR CARRIER OPERATOR <u>JOHN FRANK MOVING</u>	INSPECTOR'S NAME (PRINT OR TYPE)
ADDRESS <u>12533 4<sup>th</sup> AVE NW</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES
CITY, STATE, ZIP CODE <u>SPANTLE WA. 98177</u>	VEHICLE IDENTIFICATION ( <input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>JALESW166G7303975</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED													
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM		
			<b>1. BRAKE SYSTEM</b>				<b>6. SAFE LOADING</b>				<b>12. WINDSHIELD GLAZING</b>		
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input checked="" type="checkbox"/>			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).		
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Front End Structure	<input checked="" type="checkbox"/>			<b>13. WINDSHIELD WIPERS</b>		
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices	<input checked="" type="checkbox"/>			No missing, damaged, or inoperable wipers.		
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			<b>7. STEERING MECHANISM</b>			<input checked="" type="checkbox"/>		<b>14. MOTORCOACH SEATS</b>	
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.		
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			<b>15. REAR IMPACT GUARD</b>		
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components	<input checked="" type="checkbox"/>			In place, securely attached, proper size, proper placement (see 393.86).		
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			<b>16. OTHER</b>		
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm	List any other condition(s) which may prevent safe operation of this vehicle.					
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering						
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints						
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links						
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts						
<input checked="" type="checkbox"/>			<b>2. COUPLING DEVICES</b>			<input checked="" type="checkbox"/>					j. Steering System		
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			<b>8. SUSPENSION</b>						
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			a. Axle Positioning Parts						
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			b. Spring Assembly						
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components						
<input checked="" type="checkbox"/>			<b>3. EXHAUST SYSTEM</b>			<input checked="" type="checkbox"/>		<b>9. FRAME</b>					
<input checked="" type="checkbox"/>			a. No leaks forward of/directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			a. Frame Members						
<input checked="" type="checkbox"/>			b. Bus: No leaking/discharging in violation of standard.	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance						
<input checked="" type="checkbox"/>			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)						
<input checked="" type="checkbox"/>			<b>4. FUEL SYSTEM</b>			<input checked="" type="checkbox"/>					<b>10. TIRES</b>		
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			a. Steer-Axle Tires						
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>			b. All Other Tires						
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			c. Speed-Restricted Tires						
<input checked="" type="checkbox"/>			<b>5. LIGHTING DEVICES</b>			<input checked="" type="checkbox"/>					<b>11. WHEELS AND RIMS</b>		
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>			a. Lock or Side Ring						
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			b. Wheels and Rims						
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			c. Fasteners						
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			d. Welds						

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR,  NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.**



# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
DATE <u>8-9-24</u>	

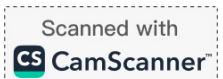
MOTOR CARRIER OPERATOR <u>JOHN FRANK MOVING</u>	INSPECTOR'S NAME (PRINT OR TYPE)
ADDRESS <u>12553 4<sup>TH</sup> AVE NW</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES
CITY, STATE, ZIP CODE <u>SEATTLE WA. 98177</u>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>JALESW16XE7300607</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

## VEHICLE COMPONENTS INSPECTED

OK			NEEDS REPAIR			REPAIRED DATE			ITEM			OK			NEEDS REPAIR			REPAIRED DATE			ITEM					
<b>1. BRAKE SYSTEM</b>									<b>6. SAFE LOADING</b>									<b>12. WINDSHIELD GLAZING</b>								
✓									a. Service Brakes				✓						No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).							
✓									b. Parking Brake System										<b>13. WINDSHIELD WIPERS</b>							
✓									c. Brake Drums or Rotors				✓						No missing, damaged, or inoperable wipers.							
✓									d. Brake Hose										<b>14. MOTORCOACH SEATS</b>							
✓									e. Brake Tubing				✓						Seats securely fastened to the vehicle structure.							
✓									f. Low Pressure Warning Device										<b>15. REAR IMPACT GUARD</b>							
✓									g. Tractor Protection Valve	✓			✓						In place, securely attached, proper size, proper placement (see 393.86).							
✓									h. Air Compressor	✓									<b>16. OTHER</b>							
✓									i. Electric Brakes	✓									List any other condition(s) which may prevent safe operation of this vehicle.							
✓									j. Hydraulic Brakes	✓									<u>Right front corner of Box - Damage - NO MARK LIGHT</u>							
✓									k. Vacuum Systems	✓																
✓									l. Antilock Brake System	✓																
✓									m. Automatic Brake Adjusters	✓																
<b>2. COUPLING DEVICES</b>									<b>7. STEERING MECHANISM</b>																	
									a. Fifth Wheels	✓			a. Steering Wheel Free Play													
									b. Pintle Hooks	✓			b. Steering Column													
									c. Drawbar/Towbar Eye	✓			c. Front Axle Beam/All Other Steering Components	✓												
									d. Drawbar/Towbar Tongue	✓			d. Steering Gear Box													
✓									e. Safety Devices	✓			e. Pitman Arm													
									f. Saddle-Mounts	✓			f. Power Steering													
<b>3. EXHAUST SYSTEM</b>									<b>8. SUSPENSION</b>																	
									a. No leaks forward of/directly below the driver/sleeper compartment.	✓			a. Axle Positioning Parts													
									b. Bus: No leaking/discharging in violation of standard.	✓			b. Spring Assembly													
									c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	✓			c. Torque, Radius or Tracking Components													
<b>4. FUEL SYSTEM</b>									<b>9. FRAME</b>																	
✓									a. No visible leak.	✓			a. Frame Members													
✓									b. Fuel Tank Filler Cap	✓			b. Tire and Wheel Clearance													
✓									c. Fuel tank securely attached.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)													
<b>5. LIGHTING DEVICES</b>									<b>10. TIRES</b>																	
✓									All required lights/reflectors operable.	✓			a. Steer-Axle Tires													
												b. All Other Tires														
												c. Speed-Restricted Tires														
<b>11. WHEELS AND RIMS</b>																										
									a. Lock or Side Ring	✓																
									b. Wheels and Rims	✓																
									c. Fasteners	✓																
									d. Welds	✓																

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.**



# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
DATE <u>8-8-24</u>	

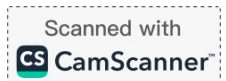
MOTOR CARRIER OPERATOR <u>JOHN FRANK MOVING CO</u> ADDRESS <u>12553 47 AVE N.W.</u> CITY, STATE, ZIP CODE <u>SEATTLE WA 98177</u> VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTOR'S NAME (PRINT OR TYPE) THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>LHTMNAAL88H579725</u> INSPECTION AGENCY/LOCATION (OPTIONAL)
--	--

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			<b>1. BRAKE SYSTEM</b>				<b>6. SAFE LOADING</b>				<b>12. WINDSHIELD GLAZING</b>
✓			a. Service Brakes				a. Vehicle parts, load, dunnage, spare tire, etc., secured.	✓			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
✓			b. Parking Brake System				b. Front End Structure				<b>13. WINDSHIELD WIPERS</b>
✓			c. Brake Drums or Rotors				c. Intermodal Container Securement Devices	✓			No missing, damaged, or inoperable wipers.
✓			d. Brake Hose	✓			<b>7. STEERING MECHANISM</b>			<b>14. MOTORCOACH SEATS</b>	
✓			e. Brake Tubing				a. Steering Wheel Free Play				Seats securely fastened to the vehicle structure.
✓			f. Low Pressure Warning Device				b. Steering Column				<b>15. REAR IMPACT GUARD</b>
✓			g. Tractor Protection Valve				c. Front Axle Beam/All Other Steering Components				In place, securely attached, proper size, proper placement (see 393.86).
✓			h. Air Compressor				d. Steering Gear Box	✓			<b>16. OTHER</b>
✓			i. Electric Brakes				e. Pitman Arm				List any other condition(s) which may prevent safe operation of this vehicle.
✓			j. Hydraulic Brakes				f. Power Steering				
✓			k. Vacuum Systems				g. Ball and Socket Joints				
✓			l. Antilock Brake System				h. Tie Rods and Drag Links				
✓			m. Automatic Brake Adjusters				i. Nuts				
			<b>2. COUPLING DEVICES</b>				<b>8. SUSPENSION</b>				
			a. Fifth Wheels				a. Axle Positioning Parts				
			b. Pintle Hooks				b. Spring Assembly				
			c. Drawbar/Towbar Eye				c. Torque, Radius or Tracking Components				
			d. Drawbar/Towbar Tongue				<b>9. FRAME</b>				
✓			e. Safety Devices				a. Frame Members				
			f. Saddle-Mounts				b. Tire and Wheel Clearance				
			<b>3. EXHAUST SYSTEM</b>				<b>10. TIRES</b>				
✓			a. No leaks forward of/ directly below the driver/ sleeper compartment.				a. Steer-Axle Tires				
			b. Bus: No leaking/ discharging in violation of standard.				b. All Other Tires				
			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.				c. Speed-Restricted Tires				
			<b>4. FUEL SYSTEM</b>				<b>11. WHEELS AND RIMS</b>				
✓			a. No visible leak.				a. Lock or Side Ring				
✓			b. Fuel Tank Filler Cap				b. Wheels and Rims				
✓			c. Fuel tank securely attached.				c. Fasteners				
			<b>5. LIGHTING DEVICES</b>				d. Welds				
✓			All required lights/reflectors operable.								

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.**



**From:** [Anton Korovchenko](#)  
**To:** [Sharp, Jason \(UTC\)](#)  
**Subject:** Re: Safety Management Plan / John Frank LLC  
**Date:** Wednesday, October 23, 2024 4:40:42 AM  
**Attachments:** [Screenshot 2024-10-22 at 4.52.30 PM.png](#)  
[Screenshot 2024-10-22 at 4.52.47 PM.png](#)  
[Screenshot 2024-10-22 at 4.52.03 PM.png](#)  
[Screenshot 2024-10-22 at 4.51.42 PM.png](#)  
[Screenshot 2024-10-22 at 4.53.08 PM.png](#)  
[Screenshot 2024-10-22 at 4.54.00 PM.png](#)  
[Screenshot 2024-10-22 at 4.53.34 PM.png](#)  
[Screenshot 2024-10-22 at 4.54.20 PM.png](#)  
[Screenshot 2024-10-22 at 4.54.38 PM.png](#)  
[Screenshot 2024-10-22 at 4.54.56 PM.png](#)  
[DEA 2.png](#)  
[DEA 1.png](#)  
[DEA 4.png](#)  
[DEA 3.png](#)  
[MC-150 Reminder.PNG](#)  
[8.13.24 VMR 2011 Ford.docx](#)

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External Email

Hello Mr. Jason.

Attached you will find all the necessary documents and screenshots.  
Please let me know if anything further is needed. I really appreciate your assistance in helping us to avoid the hearing process. Thank you for your help and time.

Jason:

Hiring process sheet: Does the company intend to also require drivers submit to road tests and investigation into prior driving experience with DOT regulated employers? These are requirements of driver qualification files.

Anton:

Yes, we require every driver to pass a road test as part of our hiring process. The road test certificate, along with all related documentation, is stored in the driver qualification file.

Jason:

Violation 395.8(K)(1): Hours of Service: Is there a screen shot of the google file that was created for storage of records of duty status?

Anton:

Screenshots attached.

Jason:

Violation 390.19(b)(2): MCS-150: send referenced calendar reminder for next update

Anton:

Screenshot attached.

Jason:

Violation 391.21(a): DOT compliant application: please share what application the company will use going forward so that I can verify it meets the requirements.

Anton:

Driver Employment Application attached.

Jason:

Violation 396.3(b)(1) and (3): Vehicle maintenance records: Please send a complete example on the document you provided. Should include all identifiers and maintenance information.

Anton:

Vehicle Maintenance Record Attached.

Jason:

Violation 396.9(d)(3): The response states drivers are instructed to submit their inspection reports immediately after completing them each day. This violation is in relation to the roadside inspection that was performed by the Washington State Patrol. Anytime a driver/vehicle undergoes inspection, those reports must be turned into the carrier and stored for 12 months. This is separate from the driver's daily inspection of the vehicle. Just wanted to clarify this.

Anton:

Thank you for the clarification. I now understand the distinction between roadside inspections and daily vehicle inspections. I will ensure all roadside inspection reports are submitted by drivers and stored for 12 months as required.

Jason:

Violation 396.11(a): The report submitted is missing a required inspection item – Wheels and rims. Coupling devices, windshield wipers.

Anton:



Wheels and Tires, Coupling Devices, and Windows / Wipers were successfully added to our DVIR form.

On Tue, Oct 22, 2024 at 12:46 PM Sharp, Jason (UTC) <[jason.sharp@utc.wa.gov](mailto:jason.sharp@utc.wa.gov)> wrote:

Anton,

This is really close. Please see the referenced items below and send them to me when you can. Please note that if you can get these to me by tomorrow, we may be able to avoid going through the hearing process and allow the judge to issue a ruling based on your submitted safety plan.

Areas that need addressed:

Hiring process sheet: Does the company intend to also require drivers submit to road tests and investigation into prior driving experience with DOT regulated employers? These are requirements of driver qualification files.

Violation 395.8(K)(1): Hours of Service: Is there a screen shot of the google file that was created for storage of records of duty status?

Violation 390.19(b)(2): MCS-150: send referenced calendar reminder for next update

Violation 391.21(a): DOT compliant application: please share what application the company will use going forward so that I can verify it meets the requirements.

Violation 396.3(b)(1) and (3): Vehicle maintenance records: Please send a complete example on the document you provided. Should include all identifiers and maintenance information.

Violation 396.9(d)(3): The response states drivers are instructed to submit their inspection reports immediately after completing them each day. This violation is in relation to the roadside inspection that was performed by the Washington State Patrol. Anytime a driver/vehicle undergoes inspection, those reports must be turned into the carrier and stored for 12 months. This is separate from the driver's daily inspection of the vehicle. Just wanted to clarify this.

Violation 396.11(a): The report submitted is missing a required inspection item – Wheels and rims. Coupling devices, windshield wipers.

Respectfully,

Jason

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**From:** Anton Korovchenko <[jfmcseattle@gmail.com](mailto:jfmcseattle@gmail.com)>  
**Sent:** Tuesday, October 22, 2024 3:14 AM  
**To:** Sharp, Jason (UTC) <[jason.sharp@utc.wa.gov](mailto:jason.sharp@utc.wa.gov)>  
**Subject:** Re: Safety Management Plan / John Frank LLC

External Email

Hello Mr. Jason,

I hope this email finds you well.

Please find attached the updated Safety Management Plan. I've worked diligently to address all of the points required, and I sincerely hope that this version meets the necessary compliance standards.

I would also like to apologize for the delay in submitting the updated plan. As the sole person in the company who manages the audit process in English, while also handling dispatch and working as a full-time mover, the workload has been challenging. I don't mean to offer excuses but hope this provides context for the timing.

Please know that I fully understand each violation and the critical importance of rectifying them. Moving forward, I am committed to ensuring that these issues, particularly the critical ones, are not repeated.

I truly appreciate your patience and understanding, and I remain dedicated to ensuring that John Frank LLC fully meets all regulatory requirements.

Thank you again for your time and support throughout this process.

Best regards,  
Anton Korovchenko

Co-Owner  
John Frank LLC  
206-458-4540