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3
4 **BEFORE THE WASHINGTON**
5 **UTILITIES AND TRANSPORTATION COMMISSION**
6

7
8 **In the matter of Determining the Proper**
9 **Carrier Classification of, and Complaint for**
10 **Penalties against:**

11 **CHRIS ROBERT MILLER D/B/A**
12 **SILVER LIMOUSINE AND SILVER**
13 **TRANSPORATION**
14

DOCKET: TE-180455

ER 904 NOTICE AND INDEX

15 **TO: UTC COMMISSION**
16 **AND TO: NASH CALLAGHAN, ATTORNEY FOR THE OFFICE OF THE**
17 **ATTORNEY GENERAL, UTILITIES AND TRANSPORTATION DIVISION**

18 COMES NOW, Chris Miller D/B/A Silver Limousine and Silver Transportation, by and
19 through counsel, John R. Bonin, submits the following Exhibits (to Nash Callaghan, Attorney for
20 Office of the Attorney General, Utilities and Transportation Division) and notice and index
21 pursuant to ER 904, the documents are being offered under Evidence Rule 904 and shall be
22 deemed authentic and admissible without testimony or further identification, unless objection is
23 served within 14 days of the date of notice, pursuant to ER 904(c).
24
25

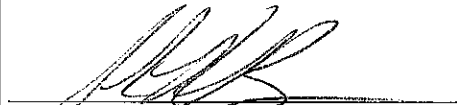
Admissibility Authenticity Authenticity
 Stipulated Stipulated & admissibility
 Admissibility disputed
 Disputed

1. ATLANTIC LIMOUSINE CHRYSLER 300C - 8 PASSENGER LIMOUSINE INFORMATION 7 pages Portland Maine Limousine - Atlantic Limousine 33 Eisenhower Drive Westbrook, ME 04098			
2. RICH'S CAR CORNER 2007 CHRYSLER 300C LIMOUSINE FOR 8 PASSENGERS 2 pages 16004 Aurora Ave. N., Shoreline, WA 98133 206-782-8804			
3. GLOSTONE TRUCKING SOLUTIONS SAFETY AND COMPLIANCE DEPT. 57 pages 9111 se Saint Helms St. Clackamas, OR 97015 503-607-1088			
4. AMBEST SERVICE CENTER Annual Tractor DOT Inspection Report, dated 01/30/20 1 page 800-910-7220			
5. WASHINGTON STATE PATROL Uniform Limousine Vehicle Inspection 1 page 106 11 th Ave., SW Olympia, WA 98501 360-596-4000			

1	6. DECLARATION OF WAYNE ROCHE, dated			
2	02/21/20			
3	4 pages			
4	7. DECLARATION OF SALVADOR PARDO,			
5	dated 02/22/20			
6	1 page			
7				

Submitted this 25 day of February 2020

JOHN R. BONIN, P.S.



John R. Bonin WSBA #25760
Attorney for Chris Miller

EXHIBIT 1

Atlantic Limousine

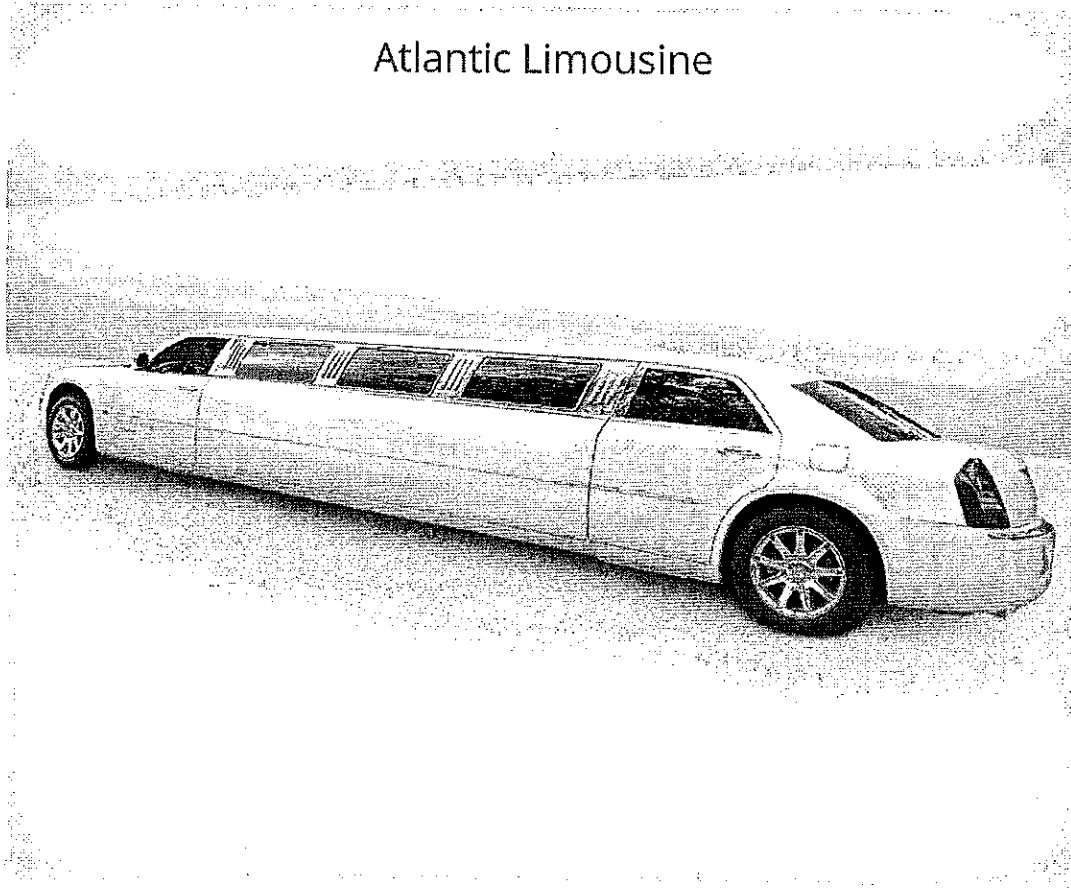


CHRYSLER 300C 8 PASSENGER LIMOUSINE



CHRYSLER 300C 8 PASSENGER LIMOUSINE

Atlantic Limousine

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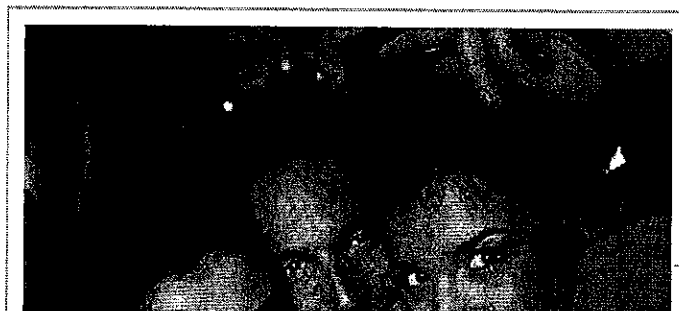
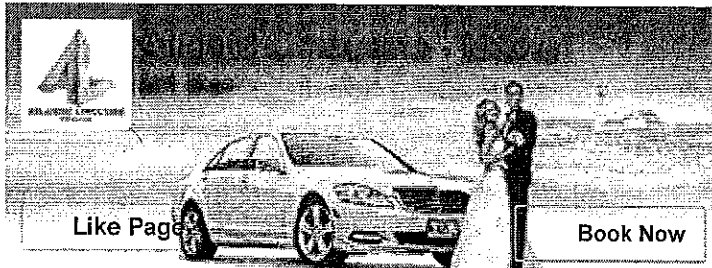
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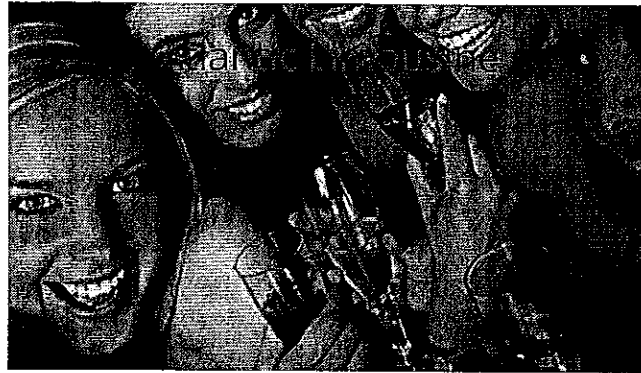
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- JVC sound system w/Mp3 connection
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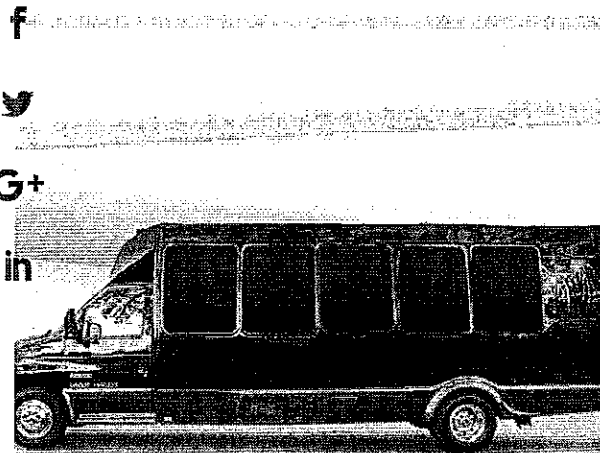
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Atlantic Limousine



Portland Maine Limousine

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39 Eisenhower Drive

Westbrook, ME 04098








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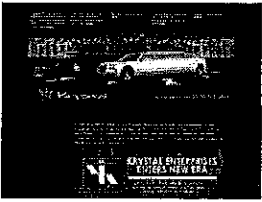
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1934	Chrysler	1934 Chrysler Airflow Imperial CV For Sale	£58000
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1962	Chrysler	1962 Chrysler 300H Letter Series / Sehr selten! For Sale	£52000
2007	Chrysler	2007 Chrysler 300C convertible 3.5 litre Hemi, restored For Sale	£52000

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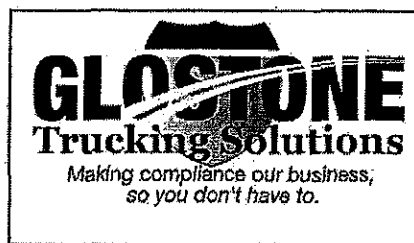
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EXHIBIT 3

9111 SE Saint Helens St
Clackamas, OR 97015
Phone: 503-607-1088
Fax: 503-650-6399



Fax

To:	FMCSA - USDOT	From:	Silver Transportation DBA Silver Limousine DOT # 3085952
Attn:	Western Service Center	Date:	2/11/2020
Phone:	303 407 2350	Pages:	57 including cover
Fax:	303 407 2339	Re:	Corrective Action Plan

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

To Whom It May Concern,

On behalf of Silver Transportation DBA Silver Limousine, DOT # 3085952, please accept this letter and its attachments providing evidence that corrective actions are being taken to be in full compliance with the Code of Federal Regulations (CFR), Title 49, and Motor Carrier Safety Regulations.

Based on the Corrective Action Plan outlined herein, we are requesting that Silver Transportation DBA Silver Limousine's safety rating be upgraded to Conditional or Satisfactory as you see fit.

Thank you,

Safety & Compliance Dept.
Glostone Trucking Solutions
alexv@glostone.com
Phone: 503-607-1088
Fax: 503-650-6399



Initials am

Fax



To:	FMCSA – WA Division	From:	Silver Transportation DBA Silver Limousine DOT # 3085952
Attn:		Date:	
Phone:	360 753 9875	Pages:	including cover
Fax:	360 753 9024	Re:	Corrective Action Plan

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

To Whom It May Concern,

On behalf of Silver Transportation DBA Silver Limousine, DOT # 3085952, please accept this letter and its attachments providing evidence that corrective actions are being taken to be in full compliance with the Code of Federal Regulations (CFR), Title 49, and Motor Carrier Safety Regulations.

Based on the Corrective Action Plan outlined herein, we are requesting that Silver Transportation DBA Silver Limousine's safety rating be upgraded to Conditional or Satisfactory as you see fit.

Thank you,

Safety & Compliance Dept.
Glostone Trucking Solutions
alexv@glostone.com
Phone: 503-607-1088
Fax: 503-650-6399

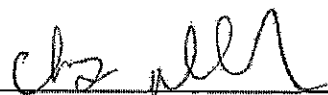


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Certification Statement

Silver Transportation DBA Silver Limousine, DOT # 3085952, would like to request an upgrade to its safety rating.

Silver Transportation DBA Silver Limousine will operate in compliance with the Federal Motor Carrier Safety Regulations and Hazardous Material Regulations. I certify that our operations currently meet the safety standards and factors specified in 49 CFR §§ 385.5 and 385.7.

 2-7-2020
Corporate Official/Owner Signature/Date

Chris Miller / Owner

Print Corporate Official/Owner Name and Title

Contact Information

Work Phone No: 360 606 3861
Cell Phone No.:
Fax No.:
Email Address: pdxlimo@gmail.com

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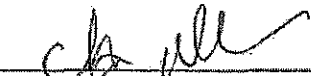
Silver Transportation DBA Silver Limousine
DOT# 3085952
117 NW 189th St
Ridgefield, WA, 98642
TEL: 360 606 3861

To Whom It May Concern,

I, Chris Miller, give permission to review, discuss, and accept documentation from Glostone Trucking Solutions regarding my company's case.

Should you have any questions or require anything additional, please feel free to contact me.

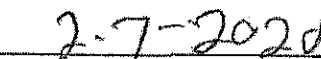
Thank you,



(Signature)

Chris Miller

(Printed Name)



(Date)

Owner

(Title)

Initials 

U.S. Department of Transportation
Federal Motor Carrier Safety Administration
Western Service Center
Golden Hills Office Centre
12600 W. Colfax Ave, Suite B-300
Lakewood, CO 80215
P: 303 407 2350 | F: 303 407 2339

U.S. Department of Transportation
Federal Motor Carrier Safety Administration
WA Division Administrator
724 Columbia St NW Suite 200
Olympia, WA, 98501
P: 360 753 9875 | F: 360 753 9024

RE: Safety Rating Upgrade Request

TO WHOM IT MAY CONCERN:

The motor carrier safety rating for Silver Transportation DBA Silver Limousine (USDOT #3085952) is Unsatisfactory. This Unsatisfactory rating was the result of a compliance review and evaluation of the safety fitness for Silver Limousine completed on February 28, 2018. The Unsatisfactory rating revealed that Silver Limousine did not have adequate safety management controls in place to ensure compliance with the safety fitness standards required under the Code of Federal Regulations (CFR), Title 49, and Motor Carrier Safety Regulations.

Our company was found to be deficient in the following areas of 49 CFR:

1. **382.115(a):** Failing to implement an alcohol and/or controlled substances testing program on the date the employer begins commercial motor vehicle operations;
2. **383.37(a):** Knowingly allowing, requiring, permitting, or authorizing an employee who does not have a current Commercial Learner's Permit or Commercial Driver's License with the proper class or endorsements, or who operates a commercial motor vehicle in violation of any restriction on the Commercial Learner's Permit or Commercial Driver's License to operate a commercial motor vehicle
3. **387.31(a):** Operating a passenger carrying vehicle without having in effect the required minimum levels of financial responsibility
4. **396.3(b):** Failing to keep minimum records of inspection and vehicle maintenance
5. **396.11(a):** Failing to require driver to prepare driver vehicle inspection report
6. **396.17(a):** Using a commercial motor vehicle not periodically inspected
7. **391.51(a):** Failing to maintain driver a qualification file on each driver employed;
8. **395.8(a):** Failing to require a driver to make a record of duty status using the appropriate method

Many of the violations addressed in this corrective action are the results of the same root problem; we were not clear on the definition of a "commercial motor vehicle" (aka CMV). In our case, we operated a two vehicles that were capable of transporting 16 or more people without realizing that this vehicle would require the operator to have a commercial driver's license (with the appropriate endorsements). This error led to us being cited for several driver's qualification, drug testing and insurance issues all spawning from the same root cause.

Initials  5

Because we have been Out-of-Service for more than a year we are not able to generate new records of duty status as part of this corrective action but we do have a plan for the future as outlined below.

This letter and its attachments provide evidence that corrective actions have been taken to ensure that safety management controls are in place to provide a sustainable safety performance for our company. Therefore, we are now requesting that our safety rating be upgraded from Unsatisfactory to Conditional or Satisfactory as you see fit.

Please accept this Corrective Action Plan as a demonstration of our commitment, and evidence that we are taking the necessary steps to be in compliance with all safety regulations.

Thank you for taking the time to review our company procedures. Should you require anything else, please contact me at 360 606 3861.

Sincerely,

Chris Miller
(Signature)

2-7-2020
(Date)

Chris Miller
(Printed Name)

Owner
(Title)

Corrective Action Plan
Silver Transportation DBA Silver Limousine
DOT 3085952

49 CFR § 382.115(a): *Failing to implement an alcohol and/or controlled substances testing program on the date the employer begins commercial motor vehicle operations*

1. This violation occurred because our company was unaware that operating a passenger vehicle with 16 or more seats required a CDL and of the controlled substance testing requirements that CDL drivers must adhere to in order to achieve compliance with the Federal Motor Carrier Safety Regulations.
2. This violation came to our attention in the audit when Alec Tiffany-Higley was cited for have no pre-employment drug test and not being enrolled for random drug testing under a drug consortium. This driver was terminated after the audit.
3. We have been Out-of-Service for over a year now but as a preliminary move we have enrolled our driver in a random drug testing program. Chris Miller is the owner and will be the only driver for the company should be allowed to operate again.
4. After the violation was discovered, we enrolled in CleanFleet's random testing pool. All drivers who will operate a "commercial motor vehicle" with 16 or more passengers or a CMV over 26,000 GVCW will take pre-employment drug tests before operating the CMV. We also established a Drug and Alcohol Policy which is signed upon hire. Per Part 40 of the Federal Motor Carrier Safety Regulations Handbook, the DER is an employee authorized by the employer to take immediate action(s) to remove employees from safety sensitive duties, or cause employees to be removed from these duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this part. Chris Miller, has been appointed as our DER. We now recognize the significance of having all drivers enrolled into a random testing pool.
5. Our procedure is as follows:
 - a. Upon the intent to hire a new CDL driver the new driver will be immediately required to take a pre-employment controlled substance test.
 - b. The driver will need to agree to and sign the terms of our Drug & Alcohol Policy to ensure that they are properly educated on Drug & Alcohol testing procedures.
 - c. Our consortium will contact the Designated Employee Representative Chris Miller with test results and if the driver passes the controlled substance test, they will be added to our active roster and enrolled in the random testing pool.
 - d. Chris Miller will ensure compliance with random alcohol and controlled substance testing requirements including verifying that random tests are conducted within the selection period; updating the list of drivers in our random testing pool; monitoring test results; checking annual testing rates and drug consortium enrollment; and ensuring documentation is maintained as required.
 - e. Upon the annual renewal process with our consortium, Chris Miller will ensure that we are provided with the proper documentation proving that the annual testing rates are being met.
6. Chris Miller will be the primary person responsible for the continued compliance with the regulations set in place by the FMCSA/USDOT and will ensure that the new procedures are being followed.
7. Attached as evidence of our corrective action includes:
 - A. Copies of the active roster for Silver Limousine.
 - B. Our Drug & Alcohol policy signed by our driver.

Initials SM 7

49 FR §383.37(a): *Knowingly allowing, requiring, permitting, or authorizing an employee who does not have a current Commercial Learner's Permit or Commercial Driver's License with the proper class or endorsements, or who operates a commercial motor vehicle in violation of any restriction on the Commercial Learner's Permit or Commercial Driver's License to operate a commercial motor vehicle*

1. This violation occurred because we did not understand that a passenger vehicle that transports 16 or more people requires a CDL (with proper endorsements) and we did not have a system in place to properly qualify drivers and monitor the ongoing validity of driver credentials.
2. This violation occurred when 2 drivers were found to have operated such vehicles without the proper credentials in the audit. Both of these drivers were terminated after the audit.
3. To correct this our new procedures are as follows.
 - a. Upon the intent to hire, a new driver will be required to contact Glostone Trucking Solutions to complete a driver qualification file interview. After the initial interview is completed Glostone will proceed to obtain previous employer inquiries and driving records. Each will be compared to the original application to verify completeness and accuracy. All elements of the driver file will be reviewed and completed as necessary by the Safety Department staff. Any additional missing elements will be reported to me, Chris Miller, and obtained as needed after I receive and review the completed file. The file will be completed within 30 days of hire.
 - b. Further, we are now tracking each of the drivers' CDL expiration dates and endorsements in order to identify expiring or invalid credentials using Glostone's DQ Management service. When expiring or invalid credentials are identified, we will follow up with the driver until the new credential is received. When the driver submits a new credential it will be held on file along with a copy of any commercial licenses, driver abstracts, and medical cards from the last three years.
 - c. This DQ Management system will also coordinate our Annual Driver Review process. New driving records will be pulled each year and kept along with the driver's certification of violations and annual review forms. Glostone will obtain any necessary driving records for this purpose.
 - d. Before a hiring decision is made, our DER Chris Miller will verify that the new CDL driver has a verified negative pre-employment drug test and is enrolled for random testing.
 - e. I, Chris Miller will be responsible for making sure all new drivers become properly qualified and that all current driver's credentials are monitored for expirations or suspensions.
 - f. We have also implemented a driver qualification policy that all drivers will sign.
4. This new procedure will allow us to better identify any issues up front and ensure that all of our drivers remain qualified to perform their duties.
5. Attached as evidence of our corrective action includes:
 - a. A completed driver file for our driver Chris Miller, again in preparation for if we are allowed to operate again.
 - b. A copy of our driver qualification policy signed by our driver.

49 CFR §387.31(a): Operating a passenger carrying vehicle without having in effect the required minimum levels of financial responsibility

1. This violation occurred for two reasons. First, our insurance filing at the time of the audit contained a typo and listed a coverage amount of "\$1,050,000.00" instead of "\$1,500,000.00". Secondly, we were cited for not having "\$5,000,000.00" in coverage on file.
2. We did not realize that if we operated a passenger vehicle that carries 16 or more people it would increase our required insurance filing to \$5,000,000.00 from \$1,500,000.00.
3. We corrected the filing with the typo to show \$1,500,000.00 after the audit but we then went out-of-service and sold off the vehicles that had 16+ capacity.
4. We are currently set to the appropriate insurance requirement of \$1,500,000.00 for when we are allowed to operate again. When we are allowed to operate we will NOT operate any passenger vehicle with 16+ capacity without first increasing our insurance coverage to the \$5,000,000.00 amount.
5. I, Chris Miller, will be responsible for compliance with FMCSR 387.
6. Attached as evidence of our corrective action:
 - a. Proof that we corrected the old, improper filing from \$1,050,000.00 to \$1,500,000.00 before we were placed out-of-service.
 - b. Proof that our current required insurance amount is set to \$1,500,000.00, the correct amount for the type of CMV that we would begin when we are allowed to operate again.
 - c. We would provide an MCS-90 showing this amount of coverage but this insurance is prohibitively expensive and we do not want to bind the coverage while under an out-of-service order that prevents us from operating.

49 CFR § 391.51(a)—Failing to maintain driver a qualification file on each driver employed

1. These violations occurred because we were not aware that we needed driver qualification files and we did not have a process in place to monitor these ongoing qualifications. We also did not have a tracking system for the expiration dates for the driver credentials including driver's license and medical card.
2. This violation occurred when we were found to be missing driver qualification files during the audit.
3. To correct this we have new procedures for driver qualification and monitoring:
 - a. Upon the intent to hire, the new employee will be required to contact Glostone Trucking Solutions to complete a driver qualification file interview. After the initial interview is completed Glostone will proceed to obtain previous employer inquiries and driving records. Each will be compared to the original application to verify completeness and accuracy. All elements of the driver file will be reviewed and completed as necessary by the Safety Department staff. Any additional missing elements will be reported to me, Chris Miller, and obtained as needed after I receive and review the completed file. The file will be completed within 30 days of hire.
 - b. This will allow us to better identify any issues up front and ensure that all of our drivers remain qualified to perform their duties. Further, we are now tracking each of the drivers' CDL expiration dates and endorsements in order to identify expiring or invalid credentials, by using Glostone's DQ Management service. On a monthly basis credentials will be reviewed. When expiring or invalid credentials are identified, we will follow up with the driver until the new credential is received. When the driver submits a new credential it will be held on file along with a copy of any commercial licenses, driver abstracts, and medical cards from the last three years.
 - c. Glostone Trucking Solutions will obtain driving records for pre-employment purposes, as well as monitor and update the medical certification on file, and complete the Annual Driver Reviews. Glostone has safety specialists trained to read and interpret motor vehicle records, which will

Initials CM 9

aid in identifying violations and/or suspensions that our drivers may receive. Further, we now review the records and follow up with Glostone if any part of the driver records are unclear, and to double check to ensure that no items on the records are missed.

4. We have instituted a driver qualification policy that all drivers will sign.
5. I, Chris Miller, am responsible for ensuring compliance with these driver qualification and monitoring procedures.
6. Attached as evidence of our corrective action includes:
 - A. A copy of the completed driver file for Chris Miller.
 - B. Our Driver qualification policy signed by the driver.

49 CFR § 395.8(a)(1)—Failing to require a driver to make a record of duty status using the appropriate method

1. These violations occurred because we did not understand the proper definition of a "commercial motor vehicle". Some drivers would submit logs as required, and others would not, but management was not tracking receipt of these logs. Some drivers were using the "short-haul" exemption (timecards) when they should have been keeping a full driver log. Further, the drivers were not trained on, or aware of, the minimum requirements of logbook completion, resulting in missing logs or RODS of the wrong kind.
2. These violations occurred when our drivers were found to not have a record of duty status in the audit.
3. **At the moment we have been placed Out-of-Service and are not allowed to engage in operations that would generate new records of duty status to show as part of this corrective action.** To prepare for future CMV operations we are taking the following steps:
 - a. An Hours of Service policy has since been implemented which details driving rules and disciplinary actions for failure to follow the regulations.
 - b. When we are allowed to operate again, we will install the qualified ELD system "Geotab Drive" in any vehicle that we use. The ELD will be used to keep RODS regardless of whether we qualify for the "short-haul" exemption or not.
 - c. All potential CMV drivers have completed an online Hours-of-Service training course and been instructed in the proper use of the ELD's for the future.
 - d. We have also enrolled in an ongoing monthly log auditing service with Glostone Trucking Solutions that will identify and recap log violations or falsifications that occur. Our current potential driver completed Glostone's Hours of Service training. In doing this training, we are now aware of the importance of having drivers familiar with hours of service requirements and expectations. All drivers will submit their supporting documents to management within the 13 days set forth by the FMCSA. These documents will be forwarded to Glostone for audit and will be retained for the required 6 months. Supporting documents, including fuel receipts, bills of lading, and scale crossings will be used to identify any log falsifications. This report will be sent to and reviewed by me and I will share any violations with corresponding drivers to ensure understanding. This report will be signed by the driver and placed in our company files. Disciplinary action, as detailed by our Hours of Service policy, will be enforced if there are any reoccurring violations with specific drivers.
 - e. Upon decision to hire, all new drivers will agree to and sign the Hours of Service Policy at the time of hire and driver file completion. They will also be assigned an electronic log device (ELD) and enrolled in log auditing with Glostone.
7. Chris Miller is the designated individual to ensure compliance with hours of service regulations.
8. Attached as evidence of our corrective action includes:
 - A. A copy of our HOS policy signed our driver
 - B. Certificates of completion of driver who took HOS training course offered through Glostone Trucking Solutions;

Initials LM 10

49 CFR § 396.17(a): Using a commercial motor vehicle not periodically inspected.

49 CFR Section 396.11(a): Failing to require driver to prepare driver vehicle inspection report

49 CFR §396.3(b): Failing to keep minimum records of inspection and vehicle maintenance

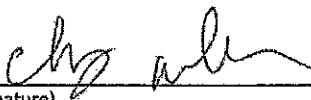
1. These violations occurred because we did not have a proper understanding of the definition of a "commercial motor vehicle" in this context and we were not aware we needed to have DOT annual inspection or other maintenance files for our CMVs. Furthermore, we did not have an effective tracking system to identify the due date for annual inspections for each vehicle. We were also not properly maintaining records for inspections that had been conducted.
2. We have been out-of-service for over a year so no recent maintenance has been performed. If we are allowed to operate again we will use a single unit that has a 9-seat capacity.
3. To correct for this we are taking the following steps:
 - a. Our CMV has completed an Annual DOT inspection.
 - b. We have since created a maintenance file for each piece of equipment which includes random maintenance, scheduled maintenance and annual inspections that are completed by a certified mechanic.
 - c. Moving forward, a calendar reminder will be set for the annual inspection of each vehicle. When the time comes for an annual inspection an annual inspection form and inspector qualification form will both be completed and placed with company files. If a vehicle is borrowed or leased a copy of the most recent annual inspection will be obtained to ensure that the vehicle is safe to operate. In the event that the lessor does not have an annual inspection report or the annual inspection is overdue an annual inspection will be immediately completed before the vehicle is allowed to operate for the company.
 - d. Our driver has completed an online training course about CMV maintenance to ensure they understand and can facilitate the daily maintenance (DVIR) and the random, scheduled and annual maintenances required.
 - e. Once we are allowed to operate CMV's again, our Electronic Logging Device (Geotab) will be used to complete and verify DVIR's on a daily basis. Management will review these DVIR's daily and make sure that all necessary repairs are performed before the vehicle is used again. I, Chris Miller will be responsible for this.
4. Attached as evidence for our corrective action is:
 - A. A copy of a completed annual inspection for our vehicle.
 - B. List of equipment;
 - C. Certificate of completion of the Maintenance training by our driver.

Initials CM

Silver Transportation DBA Silver Limousine is committed to operating in compliance with all appropriate DOT regulations going forward. We realize that in the past we were not serious enough about these safety regulations and we are eager to prove we are now ready to operate safely and in full compliance with all DOT rules.

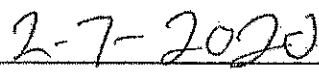
If you need any additional documentation for your consideration of the Corrective Action Plan please contact us or Glostone Trucking Solutions (our authorized agent) and we will be happy to provide whatever else is necessary to be upgraded to an operational status. Please let us know if we can do anything else to help complete this upgrade request.

Thank you for your consideration,



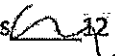
(Signature)
Chris Miller

(Printed Name)



(Date)
Owner

(Title)

Initials 



10350 N. Vancouver Way #106
Portland, OR 97217
www.cleanfleet.org
Ph: (503) 479-6082
Fax: (503) 978-1603

February 10, 2020

Re:
SILVER TRANSPORTATION DBA SILVER LIMOUSINE
CHRIS MILLER
117 NW 189TH ST
RIDGEFIELD, WA, 98642
Phone: (360) 606-3861
USDOT# 3085952

SILVER TRANSPORTATION DBA SILVER LIMOUSINE enrolled in the CleanFleet consortium on January 15, 2018 and remains enrolled.

In the last twelve months, we have performed random test selections on the following dates:

Q4 2018 – October 15, 2018 – Random Batch #R0002075
Q1 2019 – January 10, 2019 – Random Batch #R0002103
Q2 2019 – April 15, 2019 – Random Batch #R0002134
Q3 2019 – July 9, 2019 - Random Batch #R00020166
Q4 2019 – October 7, 2019 – Random Batch #R0002194

According to our records, the following drivers were selected to take random tests:

This carrier has not been selected for a random drug test in the past 12 months.

Sincerely,
Zoey McKenzie
Client Relations Manager
CleanFleet

Corporate Office
9111 SE St. Helens Street
Clackamas, OR 97015
Fax: (503) 650-6399

Member Benefit Partner of:



Accounting Department
P.O. Box 1650
Clackamas, OR 97015
Fax: (503) 650-6399



10350 N. Vancouver Way #106
Portland, OR 97217
www.cleanfleet.org
Ph: (503) 479-6082
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SILVER TRANSPORTATION DBA SILVER LIMOUSINE

Participant Rosters from 2/10/2019 thru 2/10/2020

The below list shows the most recent enrollment dates of all drivers in the last 12 months. There may be additional enrollment and/or termination dates prior to the listed dates. Please contact CleanFleet for any additional questions or further information on specific drivers.

Name	Participant ID	Enrollment Date	Enrolled in Random Pool	Job Code	Pool Type	Termination Date
ALEC TIFFANY-HIGLEY	XXX-XX-	3/13/2018	NO	CDL	FMCSA	3/19/2019
CHRIS R MILLER	XXX-XX-	1/25/2018	YES	CDL	FMCSA	
KEN CORDELL	XXX-XX-	3/13/2018	NO	CDL	FMCSA	1/30/2020

Corporate Office
9111 SE St. Helens Street
Clackamas, OR 97015
Fax: (503) 650-6399

Member Benefit Partner of:



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Fax: (503) 978-1603

Drug and Alcohol Testing Results from 2/10/2019 thru 2/10/2020

Pre-Employment Testing

Name	Participant ID	Specimen ID	Sample Type	Collection Date	Test Result
No pre-employment testing has been performed in the last twelve months.					

Random Testing

Name	Participant ID	Specimen ID	Sample Type	Collection Date	Test Result	Random Batch Number
No random testing has been performed in the last twelve months.						

Corporate Office
9111 SE St. Helens Street
Clackamas, OR 97015
Fax: (503) 650-6399



Accounting Department
P.O. Box 1650
Clackamas, OR 97015
Fax: (503) 650-6399

Random Selection Participation Summary

Random Selection Breakdown:

Batch	Generated	ALL LOCATIONS							
		Pool Size	Selection Rate		Pool Size	Selected		Complete	
			Drugs	Alcohol		Drugs	Alcohol	Drugs	Alcohol
R0002103	1/10/2019	3700	6.63%	2.88%	3700	246	107	235	102
R0002134	4/15/2019	3494	6.63%	2.88%	3494	232	101	226	99
R0002166	7/9/2019	3514	6.63%	2.88%	3514	249	109	242	107
R0002194	10/7/2019	3418	6.63%	2.88%	3418	249	106	239	102

Total Random Batches: **4**
Average Pool Size (this location): **3,532**

	<u>Drugs</u>	<u>Alcohol</u>
Overall Selection Rate (all locations):	26.50%	11.50%
Effective Selection Rate (this location):	27.64%	11.98%
Effective Testing Rate (this location):	26.67%	11.61%

	<u>Drugs</u>	<u>Alcohol</u>
Selections made:	976	423
Tests completed:	942	410

Random Selection Participation Summary

Random Selection Breakdown:

Batch	Generated	ALL LOCATIONS							
		Pool Size	Selection Rate		Pool Size	Selected		Complete	
			Drugs	Alcohol		Drugs	Alcohol	Drugs	Alcohol
R0001990	1/15/2018	3385	6.63%	2.88%	3385	225	98	213	91
R0002015	4/12/2018	3236	6.63%	2.88%	3236	215	94	199	85
R0002046	7/19/2018	3315	6.63%	2.88%	3315	239	106	221	99
R0002075	10/15/2018	3302	6.63%	2.88%	3302	263	114	256	108

Total Random Batches: **4**

Average Pool Size (this location): **3,310**

	<u>Drugs</u>	<u>Alcohol</u>
Overall Selection Rate (all locations):	26.50%	11.50%
Effective Selection Rate (this location):	28.46%	12.45%
Effective Testing Rate (this location):	26.86%	11.57%

	<u>Drugs</u>	<u>Alcohol</u>
Selections made:	942	412
Tests completed:	889	383

Periodic Documents
(Retention Periods Listed Below)

Medical Card		3 years
Verify that all Medical Examiners are in the National Registry: nationalregistry.fmcsa.dot.gov		
National Registry Number: (Pre-employment Medical Card)	Date Verified: <i>1-12-20</i>	Expiration: <i>1-12-20</i>
<i>9606788244</i>		
National Registry Number:	Date Verified:	Expiration:
National Registry Number:	Date Verified:	Expiration:
National Registry Number:	Date Verified:	Expiration:
National Registry Number:	Date Verified:	Expiration:

Commercial Driver License Date Expired:						3 years
<i>11-29-24</i>						
Annual Motor Vehicle Report Date Ordered:						3 years
Annual Certification of Violations:						3 years
Annual Review Form:						3 years

Drug Screen Release/Drug Test Results		Negative/Cancelled - 1 year Positive/Refusal/Return To Duty - 5 years Random - 1 year
Type of Test: Pre-employment	Date Tested:	<i>n/a - over 1y ago</i>
Type of Test:	Date Tested:	
Type of Test:	Date Tested:	
Type of Test:	Date Tested:	
Type of Test:	Date Tested:	
Type of Test:	Date Tested:	

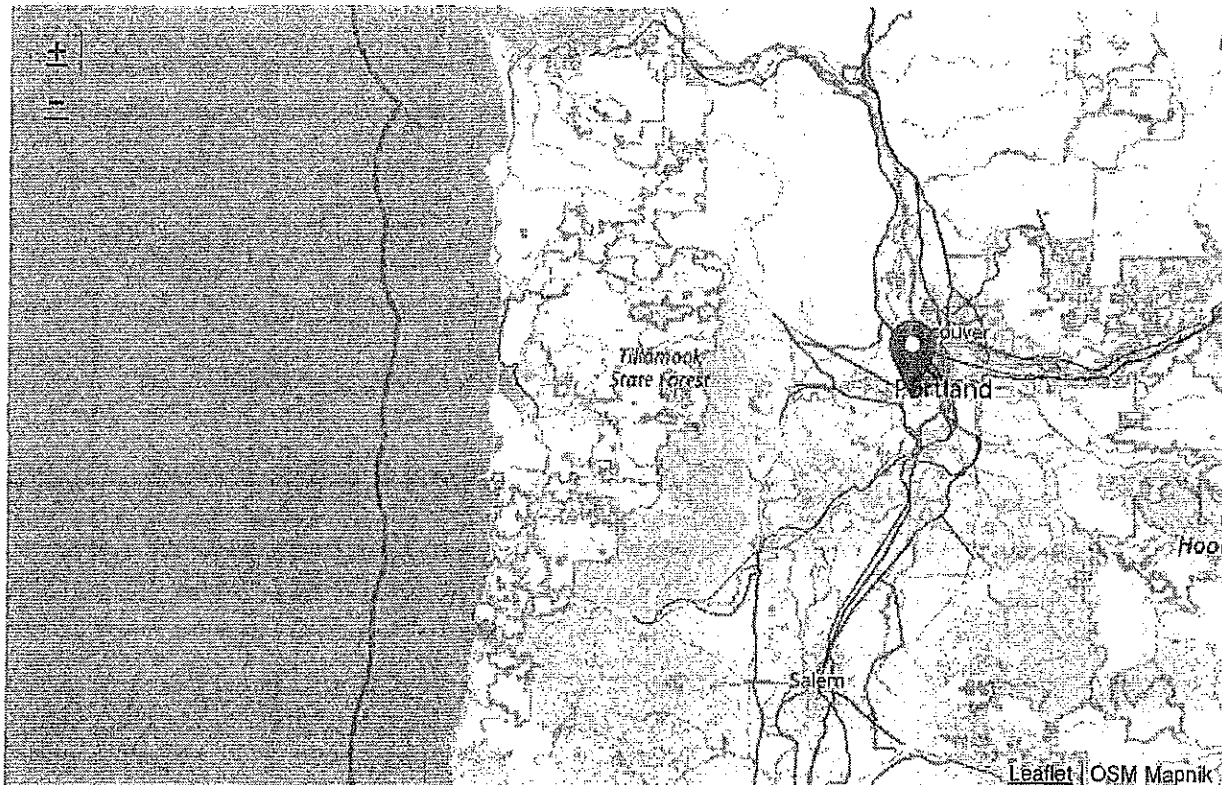
<p>Medical Examiner's Certificate</p> <p>I certify that I have examined Last Name: <u>Miller</u> First Name: <u>Chris R</u> in accordance with (please check only one):</p> <p><input checked="" type="radio"/> the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR</p> <p><input type="radio"/> 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):</p> <p><input type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> Accompanied by a _____ waiver/exemption <input type="checkbox"/> Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)</p> <p><input type="checkbox"/> Wearing hearing aid <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal)</p> <p><input type="checkbox"/> Grandfathered from State requirements (State)</p>		<p>Medical Examiner's Certificate Expiration Date</p> <p><u>11/7/2021</u></p>
<p>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.</p>		
<p>Medical Examiner's Signature: <u>[Signature]</u></p> <p>Medical Examiner's Name (please print or type): <u>JULIA E. WILKINSON, D.O.</u></p> <p>Medical Examiner's State License, Certificate, or Registration Number: <u>5143</u></p>	<p>Medical Examiner's Telephone Number: <u>911-255-1708</u></p> <p>Date Certificate Signed: <u>11/7/2020</u></p> <p><input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse</p> <p><input type="radio"/> D.O. <input checked="" type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify): _____</p> <p>Issuing State: <u>OR</u></p> <p>National Registry Number: <u>9606758244</u></p>	
<p>Driver's Signature: <u>[Signature]</u></p> <p>Driver's Address: <u>117 NW 189th St</u> City: <u>Ridgefield</u> State/Province: <u>WA</u> Zip Code: <u>98642</u></p>	<p>Driver's License Number: <u>WDL-48P3B683B</u></p> <p>Issuing State/Province: <u>WA</u></p> <p>CLP/CDL Applicant/Holder: <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	

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FMCSA

Research and Statistics

National Registry of Certified Medical Examiners Search



Dr. Julia E Wilber Dc Doctor of Chiropractic

Bridgeton Chiropractic, LLC
8885 SW Canyon Rd Ste 118
Portland, OR 97225
(971) 255-1708

National Registry Number: 9606788244
Certification Date: 05/17/14

[Submit Feedback >](#)

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Medical Examiner's Certificate (An Original Motor Vehicle Certificate)	
I certify that I have examined last Name: <u>Miller</u> First Name: <u>Chris R.</u> In accordance with, please check only one:	
<input checked="" type="radio"/> the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.431) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR <input type="radio"/> the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.431) 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):	
<input type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> Wearing hearing aid	<input type="checkbox"/> Accompanied by _____ (valve/exemption) <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate
<input type="checkbox"/> Driving within an exempt Intracity zone (49 CFR 391.61 (Federal)) <input type="checkbox"/> Qualified by operation of 49 CFR 391.61 (Federal) <input type="checkbox"/> 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-5675, with any attachments embodies my findings completely and correctly, and is on file in my office.	
Medical Examiner's Certificate Expiration Date <div style="border: 1px solid black; padding: 5px; display: inline-block;">11/12/2020</div>	
Medical Examiner's Signature <u>E. Wilber</u>	Medical Examiner's State License Number <u>971-255-1168</u>
Medical Examiner's Name (please print or type) <u>E. Wilber</u>	Date Certificate Signed <u>11/12/2018</u>
Medical Examiner's State License Certificate or Registration Number <u>S415</u>	Issuing State <u>OR</u>
Driver's Signature <u>Chris R. Miller</u>	Driver's License Number <u>OR126851509</u>
Driver's Address <u>117 NW 189th St, Ridgefield</u>	Issuing State/Province <u>WA</u>
Street Address <u>117 NW 189th St, Ridgefield</u>	Zip Code <u>98642</u>
CLP/CDL Applicant/Holder <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individual's health and safety. This information should be handled and secured appropriately to prevent incidents.



National Registry of Certified Medical Examiners Search

**Dr. Julia E Wilber, Dc Doctor of Chiropractic**

Bridgeton Chiropractic, LLC
8885 SW Canyon Rd Ste 203
Portland, OR 97225
(971) 255-1708

National Registry Number: 9606788244

Certification Date: 05/17/14

[Submit Feedback >](#)

WA
USA **WASHINGTON** **COMMERCIAL DRIVER LICENSE**
FEDERAL LIMITS APPLY

14 LIC WDL48P3B663B CLASS A DONOR
1 MILLER
2 CHRIS ROBERT

3 DOB 11/29/1969 4a ISS 11/13/2018
5 111 NW 185TH ST
6 RIDGEFIELD WA 98642-5777

15 SEX M 16 EYES BRO
17 HGT 5-08 18 WGT 250 LB
19 RESTRICTIONS 20 END NET
21 EXP 11/20/2024

22 DD WDL48P3B663B 23 113185C1136
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REY 0004/2018

Pre-Employment Drug Screen Result Release

I authorize to release the results document of my pre-employment drug screen to CleanFleet who, acting as an agent for SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR], will use the document to complete the pre-employment paperwork required by the Department of Transportation.

All information contained in the document will be kept confidential and will be solely used in the pre-employment hiring process of my potential employer.

SIGN HERE
PLEASE!



Applicant's Signature

11/08/2019

Date

Chris Miller

Name



Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name <i>Silver Transportation</i>	
Agent company name (if applicable) <i>Glostone Trucking Solutions</i>	
Company/Agent company address <i>P.O. Box 1650 Clackamas, OR 97015</i>	
Authorized representative name <i>Phillip Schroeder</i>	Title <i>Safety Specialist</i>
Answer the following	
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. <i>11-15-19</i> <i>Clackamas, OR</i> <i>[Signature]</i>	
Date and place signed	Authorized representative signature

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer <i>Chas Robert Miller</i>	Date of birth (mm/dd/yyyy) <i>11-24-1969</i>	WA driver license number <i>milece 31599</i> <i>48P3B69831</i>
Authorization from		
<input checked="" type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment		
<input checked="" type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed		
<input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name <i>Silver Transportation</i>		
Employer agent company name if acting on behalf of the company for employment purposes <i>Glostone Trucking Solutions</i>		
Authorization I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent. <i>[Signature]</i> <i>11-15-19</i>		
Signature		Date

Request for Check of Driving Record



DEAR SIR/MADAM:

The following person has made application with our company for the position of Driver, Owner. In accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations, please furnish the undersigned carrier with the applicant's driving record for the past three (3) years.

NAME OF APPLICANT Chris Miller
COMPANY SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]
ADDRESS 117 NW 189th St Ridgefield, WA 98642
FORMER ADDRESS _____
DATE OF BIRTH 11/29/1969
LICENSE NO. WDL48P3B683B LICENSE ST. WA
LICENSE NO. _____ LICENSE ST. _____
LICENSE NO. _____ LICENSE ST. _____
LICENSE NO. _____ LICENSE ST. _____

REQUESTED BY

Company CLEANFleet
Address 9111 SE Saint Helens Street
Clackamas, OR 97015

Applicant's Information Release

I hereby authorize you to release the following information to CLEANFleet for purposes of investigation as required by Section 391.23 of the Federal Motor from any and all liability which may result from furnishing such information.

☐ Employment Record ☐ Non-Employment Record ☒ Both Amount Enclosed _____

SIGN HERE
PLEASE!

Chris Miller
Applicant's Signature

11/08/2019

Date

Driver Information	Address Information	License and ID Details
DLN: WDL48P3B683B Last: MILLER First: CHRIS Middle: ROBERT Suffix: DOB: 11/29/1969 Gender: M	Address on file	Personal Driver License: Status: Licensed Issue: Expire: Original Issue: CDL Class A: Status: Licensed Type: Renewal Issue: 11/13/2018 Expire: 11/29/2024 Original issue: 12/05/1995 Self-certification: Non-Excepted Interstate Self-certification date: 11/15/2013 Medical certification: Certified Medical certification date: 01/07/2020 Downgraded: 01/08/2021

Restrictions		
Description	Lic type	Code
No Class A and B Passenger	CDLA	N

Endorsements	
Description	Code
Passenger	P
Tank Vehicle	N

Reinstatements
Requirement
No requirements

Fees	
Description	Amount
No fees	\$0.00

Document History					
Type	Issue	Expire	DLN	Issue type	Current Document
CDL Class A	11/13/2018	11/29/2024	WDL48P3B683B	Renewal	Yes
CDL Class A	11/15/2013	11/29/2018	MILLECR315Q9	Renewal	No
CDL Class A	02/03/2009	11/29/2013	MILLECR315Q9	Renewal	No

DLN History		
DLN	Start	End
WDL48P3B683B	11/13/2018	
MILLECR315Q9	06/23/1994	11/13/2018

CDL Medical Certification and Waiver Information		
Issue date: 01/07/2020 Expiration date: 01/07/2021	Examiner name: JULIA WILBER Examiner telephone: 9712551708 Medical specialty: Chiropractor	License/certification #: 5143 Issuing state: OR National registry #: 9606788244

Driver Information	Address Information	License and ID Details
DLN: WDL48P3B683B Last: MILLER First: CHRIS Middle: ROBERT Suffix: DOB: 11/29/1969 Gender: M	Address on file	Personal Driver License: Status: Licensed Issue: Expire: Original issue: CDL Class A: Status: Licensed Type: Renewal Issue: 11/13/2018 Expire: 11/29/2024 Original issue: 12/05/1995 Self-certification: Non-Excepted Interstate Self-certification date: 11/15/2013 Medical certification: Certified Medical certification date: 01/12/2018 Downgraded: 01/13/2020

Restrictions		
Description	Lic type	Code
No Class A and B Passenger	CDLA	N

Endorsements	
Description	Code
Passenger	P
Tank Vehicle	N

Reinstatements
Requirement
No requirements

Fees	
Description	Amount
No fees	\$0.00

Document History					
Type	Issue	Expire	DLN	Issue type	Current Document
CDL Class A	11/13/2018	11/29/2024	WDL48P3B683B	Renewal	Yes
CDL Class A	11/15/2013	11/29/2018	MILLECR315Q9	Renewal	No
CDL Class A	02/03/2009	11/29/2013	MILLECR315Q9	Renewal	No

DLN History		
DLN	Start	End
WDL48P3B683B	11/13/2018	
MILLECR315Q9	06/23/1994	11/13/2018

CDL Medical Certification and Waiver Information		
Issue date: 01/12/2018	Examiner name: JULIA WILBER	License/certification #: 10003176
Expiration date: 01/12/2020	Examiner telephone: 9712551708	Issuing state: WA
	Medical specialty: Physicians Assistant	National registry #: 9606788244

Motor Vehicle Driver's Certification of Violations

Driver's Name: Chris Miller

Hire Date: 11/08/2019

Date	Offense	Location	Type of Vehicle Operated
<u>None</u>			
<u>None</u>			
<u>None</u>			
<u>None</u>			
<u>None</u>			
<u>None</u>			
<u>None</u>			
<u>None</u>			
<u>None</u>			

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Company Name: SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]

Company Address: 117 B 189th St, Ridgefield, WA

SIGN HERE
PLEASE!



Applicant's Signature

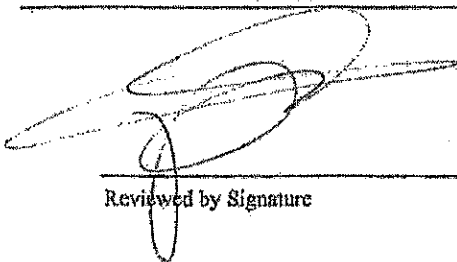
11/08/2019

Date



I acknowledge that I have reviewed the driver's record and confirm that the violations listed above match those on the driving record.

Date	Offense	Location	Type of Vehicle Operated
------	---------	----------	--------------------------



Reviewed by Signature

Safety Department

Permanent Documents

(Retention Period - Employment, Plus 3 Years)

Hire Date: 06/01/2006

Termination Date:

✓	Application	<input type="checkbox"/> Mark box when electronically uploaded	<input checked="" type="checkbox"/> In Contacts
✓	Pre-Employment Drug & Alcohol Statement		
✓	Driver Data Sheet (HOS)		
✓	Cert. of Compliance with Driver License Requirements		
✓	Record of Pre-employment CDL/Road Test (circle one)		
	Inquiry to Past Employer/Previous Employer Alcohol & Drug Test Questionnaire		
N/A	Pre-employment Screening Program Report (PSP)		
✓	Pre-employment Motor Vehicle Report (MVR)	<input type="checkbox"/> Mark box (if company release has been obtained)	
✓	State/Date Ordered: WA/11-15-19	State/Date Received: WA/11-15-19	
✓	Certification of Violations		
✓	FMCSR Handbook Signoff		
✓	Drug and Alcohol Policy Signoff		
✓	Cell Phone Policy Signoff		
✓	Maintenance Policy Signoff		
✓	Hours of Service Policy Signoff		
✓	Driver Qualification Policy Signoff		
N/A	Unsafe Driving Violations Policy		

Company: SILVER TRANSPORTATION DBA DOT Contact Info: Chris Miller
 SILVER LIMOUSINE [FR]
 Phone: (360)606-3861 Fax: Email: pdxlimo@gmail.com
 Attempt: Date: Notes: Received:

Company: Contact Info:
 Phone: Fax: Email:
 Attempt: Date: Notes: Received:

Company: Contact Info:
 Phone: Fax: Email:
 Attempt: Date: Notes: Received:

Application for Employment

Company Name SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]

Street 117 B 189th St

City Ridgefield

State WA

Zip 98642

(ANSWER ALL QUESTIONS - PLEASE PRINT)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

POSITION(S) APPLIED FOR: Driver, Owner

DATE: 11/08/2019

Name: Chris Miller

Phone: (360)606-3861

Date of Birth: 11/29/1969

Social Security Number: ###-##-7967

Address: 117 NW 189th St

City, St, Zip: Ridgefield, WA 98642 Yrs: 10

Other addresses for the past 3 years

Street:

City, St, Zip:

Yrs:

Street:

City, St, Zip:

Yrs:

Street:

City, St, Zip:

Yrs:

Attach Sheet if More Space is Needed

Do you have the legal right to work in the United States?

Yes ☒

No ☐

In Case of Emergency Notify? Wendy Stevens

Phone: (360)601-1677

Relationship: Friend

Address: Ridgefield, WA

Experience as a Professional driver?

List states operated in
for the last 5 years:

OR, WA

List of special courses
or training that will
help you as a driver:

CPR, First Aid, Road Safety, Trucking Ergonomics,

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? Yes ☐ No ☒

If yes, please explain:

MILITARY STATUS

Have you served in The U.S. Armed Forces?

Yes ☐

No ☒

Branch n/a

Dates: From

To:

Rank At Discharge n/a

Application for Employment

EMPLOYMENT RECORD

*Note: List past employment for AT LEAST 10 YEARS including periods of unemployment and explanation
(Attach Sheet if More Space is Needed)*

SILVER TRANSPORTATION DBA SILVER Phone (360)606-3861 Contact Chris Miller
~~LIMOUSINE (FR)~~
Address 117 B 189th St City, State, Zip Ridgefield WA 98642
Job description Driver, Owner From 06/2006 To Current
Reason for leaving _____
Were you subject to FMCSR while employed? Yes ☒ No ☐
Was the job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes ☒ No ☐

Application for Employment

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver's License	State	License No.	Type	Expiration Date
	WA	WDL48P3B683B	A	11/2024

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ☐ No ☒

Have any license, permit, or privilege ever been suspended or revoked? Yes ☐ No ☒

Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Regulation? Yes ☐ No ☒

DRIVING EXPERIENCE

Type of Equipment	Date From	Date To	Approx. no. of Miles
Vehicle Carrier	01/1999	01/2001	< 50k
Passenger Bus	01/1996		>500k

ACCIDENT REVIEW FOR THE PAST 10 YEARS

(Attach Sheet if More Space is Needed - If none, please indicate "None")

Dates	Nature of Accident	Fatalities	Injuries
None			
None			
None			
None			
None			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 10 YEARS

(other than parking violations - If none, please indicate "None")

Date	Location	Charge	Penalty
None			
None			
None			
None			
None			

Application for Employment

TO BE READ AND SIGNED BY APPLICANT

Your (driver) rights to review previous employer information as required in FMCSR 391.23:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

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

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or 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 understand, also, that I am required to abide by all rules and regulations of the Company.

SIGN HERE
PLEASE!



Applicant's Signature

11/08/2019

Date

Chris Miller

Name

Previous Alcohol and Drug Testing Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]
Street: 117 B 189th St
City: Ridgefield
State, ZIP: WA, 98642
Prospective Employee Name: Chris Miller ID Number: WDL48P3B683
E

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes/No: No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Yes/No: No

SIGN HERE
PLEASE!


Prospective Employee Signature

11/08/2019

Date


Witnessed By Employee Signature

11/08/2019

Date

Certification of Compliance With Driver License Requirements

NOTICE TO DRIVER

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds and to any vehicle regardless of weight, transporting hazardous materials.

THE FOLLOWING PROVISIONS OF THIS LEGISLATION ARE EFFECTIVE ON AND AFTER JULY 1, 1987

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier and the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which are effective on and after July 1, 1987.

Driver's Name: Chris Miller Social Security No.: ###-##-7967

Driver's Address: 117 NW 189th St Ridgefield WA 98642

License: State WA Type/Class A ID No.: WDL48P3B683
B

I further certify that the above commercial vehicle license is the only one held in the last 3 years or that I have surrendered the following license(s) to the states indicated.

State _____ Type/Class _____ ID No.: _____

State _____ Type/Class _____ ID No.: _____

SIGN HERE
PLEASE!

Chris Miller
Applicant's Signature

11/08/2019

Date

WA
USA **WASHINGTON** **COMMERCIAL DRIVER LICENSE**
FEDERAL LIMITS APPLY

1 **DL#** WDL48P3B683B **CLASS** A DONOR

1 **MILLER**
2 **CHRIS ROBERT**

3 **DOB** 11/29/1968 **ISS** 11/13/2018

4 **117 NW 189TH ST**
5 **RIDGEFIELD WA 98642-5777**

6 **SEX** M **EYES** BRO


7 **HGT** 5-08 **WGT** 230 lb

8 **RESTRICTIONS** N **END** NP

9 **EXP** 11/29/2024

10 **DD** WDL48P3B683B 11/13/2018 1136

12 **REV** 08/04/2019





CLASS A Any City tractor/trailer combination where GCWR is 26,001 lbs or more

ENDORSEMENTS:

N-Tank
P-Passenger

RESTRICTIONS:

N-No Class A and Class B
Passenger Vehicle

1129/1869

Please notify the Department of Licensing within 10 days of a change of address.

Previous Employment Inquiry

TO Previous Employer	FROM Prospective Employer
Company SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]	Company: CleanFleet on behalf of SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]
Individual Chris Miller	Individual Chris Miller
Address 117 B 189th St	Address 117 B 189th St
City, State, Zipcode Ridgefield WA 98642	City, State, Zipcode Ridgefield WA 98642

Dear Sir/Madam:

The person named below has made application to this company for employment as Driver, Owner and states that he/she was employed by you as a Driver, Owner from 06/2006 to Current. Kindly reply to the inquiry below respecting this applicant. As stated below, the applicant has waived any claim of liability against your company for information submitted in response to this inquiry.

OK

Sincerely,

NAME OF APPLICANT Chris Miller Social Security No. ###-##-7967

Questions to be Answered by Previous Employer Below:

- 1 Is employment record with your company correct as stated above? _____
- 2 What kind(s) of work did applicant do? _____
- 3 If employed as a driver, specify equipment driven? _____
- 4 Number of accidents _____ Number preventable _____
- 5 Was applicant's driver's license ever suspended or revoked? _____
- 6 Reason for leaving your employ: Discharged _____ Laid Off _____ Resigned _____
- 7 Was applicant's general conduct satisfactory? Yes _____ No _____
- 8 Is applicant competent for the position applicant is seeking? Yes _____ No _____
- 9 Would you re-employ? Yes _____ No _____ Other _____
- 10 Any remarks with regard to questions 1-9 above? _____

Previous Employer Signature _____ Date: _____

Detach here for your files

FORMER EMPLOYER LIABILITY RELEASE

Former Employer Company Name SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR] Date 11/08/2019

I hereby authorize you to release all information regarding my services, my character, and my conduct while in your employ, and you are released from any and all liability which may result from furnishing such information.

SIGN HERE
PLEASE!

Chris Miller

OK

Previous Employment Alcohol & Drug Test Questionnaire

EMPLOYEE: PLEASE COMPLETE THE SECTION BELOW

Employee Name: Chris Miller

Employee Social Security No.: ###-##-7967

Prospective Employer: SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR] Attn: _____

Street: 117 B 189th St

City, State, Zipcode: Ridgefield WA 98642

Phone: (360)606-3861 Fax: () -

Prospective employer's e-mail: pdxlimo@gmail.com

Previous Employer: SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]

Address: 117 B 189th St

Phone: (360)606-3861 Fax: () -

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as Fax, e-mail, or letter. Previous employer may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances to the prospective employer. This information is being requested in compliance with §40.25 and §382.405(f) and (h). (See back of form for regulations.)

PREVIOUS EMPLOYER: PLEASE COMPLETE THE QUESTIONS BELOW

If driver was not subject to Department of Transportation testing requirements while employed by this employer. Please check here: ☐ . Then sign below and return.

Under Department of Transportation testing requirements:

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| 1 Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Has this person had a verified positive drug test? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

In answering these questions, please attach any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Completed by (Signature): _____ Date: _____

PROSPECTIVE EMPLOYER: COMPLETE BELOW

1st Attempt Date: _____ Phone: _____ Fax: _____ Mail: _____

2nd Attempt Date: _____ Phone: _____ Fax: _____ Mail: _____

3rd Attempt Date: _____ Phone: _____ Fax: _____ Mail: _____

Received _____ DOT: ☐ Non-DOT: ☐

APPLICANT

SIGN HERE
PLEASE!

Chris Miller
Applicant's Signature

11/08/2019

Date

Driver's Receipt

This issue of the FMCSR Pocketbook includes all revisions issued on or before March 1, 2016.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (347). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Part 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as continued therein.

SIGN HERE PLEASE? 

Chae Miller

11/08/2019

Applicant's Signature

Date _____

Chris Miller

Applicant's Name

SILVER TRANSPORTATION DBA SILVER LIMOUSINE (FRI)

Company Name

Company Supervisor's Name

Note: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's qualification file.

SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]

Drug and Alcohol Policy & Information

SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR] is committed to providing a safe workplace for its employees, and the company is also committed to placing safe, professional drivers in its vehicles. We intend our workplace to be drug free, and that employees will be free from the effects of alcohol while on duty.

A critical part of the company's program is compliance with the Federal Motor Carrier Safety Regulations, CFR 49, Part 382. The following information is provided in accordance with Part 382.601:

Designated Employer Contact

Chris Miller is the company's designated person for providing information on the controlled substances program. Questions should be directed to her/him at (360)606-3861.

Categories Subject to Testing

All vehicle drivers who hold a Commercial Driver License, who work part time or full time for SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR] are subject to the controlled substance testing provisions in Part 382.

Safety Sensitive Functions

All drivers are considered to be performing safety sensitive functions during any period in which they are actually performing, ready to perform, or immediately available to perform as a driver of a commercial motor vehicle. These functions are further defined as:

- a. Time at a terminal, facility or other property waiting to be dispatched.
- b. Time inspecting equipment as required, or servicing/conditioning a motor vehicle.
- c. Driving.
- d. Time spent in or on any commercial vehicle.
- e. Time spent loading or unloading a vehicle or remaining in readiness to operate a vehicle.
- f. Time spent supervising or assisting loading or unloading a vehicle.
- g. Time spent attending a vehicle being unloaded.
- h. Time spent performing driver requirements relating to accidents.
- i. Time spent repairing, obtaining assistance or remaining in attendance upon a disabled vehicle.
- j. Time spent providing a breath or urine sample in compliance with the requirements of Part 382.

Prohibited Conduct

Specifically, all drivers who are performing safety sensitive functions must comply with the following:

- a. No driver shall report for duty or remain on duty while having an alcohol concentration of 0.02 or greater.
- b. No driver shall possess alcohol, unless the alcohol is manifested and transported as part of a shipment.
- c. No driver shall use alcohol while performing safety sensitive functions.
- d. No driver shall perform safety sensitive functions within four hours of using alcohol.
- e. No driver required to take a post accident alcohol test shall use alcohol for eight hours following the accident, or until he or she undergoes a post accident alcohol test, whichever occurs first.
- f. No driver shall refuse to submit to a post accident, random, reasonable suspicion, or follow-up, alcohol or controlled substances test.
- g. No driver shall report for duty or remain on duty when the driver uses any controlled substance. An exception is when the use of the controlled substance is pursuant to instructions of a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle. (The employer may require a driver to inform the employer of any therapeutic drug use.) Note: the use of another individual's prescription medicine may be considered prohibited controlled substance use.
- h. No driver shall report for duty, remain on duty, or perform a safety sensitive function, if the driver tests positive for controlled substances.

Types of Testing

The following alcohol and controlled substance tests will be performed. In order for the driver to be allowed to perform safety sensitive functions, a negative result for controlled substances and an alcohol concentration of less than 0.02 will be necessary. (a concentration between 0.02 and 0.039 will result in a 24 hour disqualification. A concentration of 0.04 will result in a positive test)

- a. Pre employment - administered prior to a driver performing safety sensitive functions for the first time for an employer. (controlled substances testing only)
- b. Post accident - administered as soon as practicable, following an accident involving a commercial motor vehicle, if there is a fatality, or if the driver is cited for a moving traffic violation. (We must test for alcohol within 8 hours of the accident, and controlled substances within 32 hours).
- c. Random - administered if a driver's name is selected in a random drawing, conducted periodically throughout the year. Drivers notified of a random selection must submit immediately for testing.
- d. Reasonable Suspicion - administered if the employer has reasonable suspicion to believe the driver is in violation of any of the prohibitions listed above.
- e. Return to Duty - Administered prior to a driver returning to duty, following a "positive" controlled substances or alcohol test. We must also administer a return to duty test if a driver is disqualified from the random pool for any reason, and then re-enters the random pool.
- f. Follow-Up - If a driver has refused to test or tested positive, and wishes to be requalified to perform safety sensitive functions, he/she must be counseled by a Substance Abuse Professional (SAP), follow the recommended program, and then produce a negative "Return to Duty" test result. The SAP will then direct the company to administer a minimum of six "Follow-Up" tests in the next 12 months. This number may be increased by the SAP. The company will select the times for the follow-Up tests.

Testing Procedures

All testing will be performed with procedures that are outlined in the Code of Federal Regulations, Part 40. These procedures are designed to protect the driver, maintain integrity in the testing process and safeguard the validity of the test results.

Consequences of Prohibited Conduct

Any driver who engages in conduct prohibited by Part 382 will be immediately removed from performing any safety sensitive function. In addition, the driver will be subject to termination from his/her employment with SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]. Under the company's current policy, the driver who tests positive will be offered a "once per lifetime" last chance to be reinstated. The reinstatement will be subject to the driver submitting to a treatment needs assessment by an authorized Substance Abuse Professional, and following and completing the recommended treatment. In addition, the driver will be required to submit to a Return-to-Duty controlled substance and/or alcohol test.

Refusal to Test

If any driver refuses to test under the conditions outlined in Part 382, the refusal will be treated as a positive result, and will be subject to consequences of a positive test.

SIGN HERE
PLEASE!



Applicant's Signature

Chris Miller

Driver's Name

11/08/2019

Date

Information

The following pages contain information regarding the symptoms and effects of the use of alcohol and controlled substances.

All employees are encouraged to be familiar with this document and with the requirements of the Federal Motor Carrier Safety Regulations, Parts 382 and Part 40.

Alcohol and Controlled Substances

Physical Symptoms, Uses and Effects

General Signs of Abuse of alcohol and controlled substances include:

- Tardiness or absenteeism
- Borrowing money from co-workers
- Problems with relationships
- Increased irritability
- Decreased attention span
- Difficulty remembering instructions
- Taking criticism personally
- Denial of any problem
- Paraphernalia present

Types of paraphernalia:

- Roach clips
- Cigarette papers
- Pipes, bongs
- Razor blades, small mirrors
- Small spoons and straws
- White powder
- Syringes; needles
- Eye droppers
- Rubber tubing

Physical Symptoms

Uses and Effects

Marijuana

- Red eyes
- Pale face
- Strong odor, like burning rope
- Loud, boisterous in early stages
- Sleepy, stuporous in later stages
- Some medical uses for THC
- Effect lasts 2-4 hours; stays in system for several days/weeks; stored in fat tissue cells
- Smoked or taken orally
- Causes euphoria; increased appetite; disoriented behavior; relaxed inhibitions; negative effect on peripheral vision
- Overdose can cause fatigue; paranoia; not fatal

Cocaine

- Runny nose; nasal problems
- Needle marks on arms
- Dizziness
- Dilated pupils
- Dry mouth and nose
- Bad breath; frequent lip licking
- Lack of interest in food and sleep
- May be used as a local anesthetic
- Highly addictive
- Effect lasts 1-2 hours
- Sniffed, smoked or injected
- Increased alertness; euphoria; excitation; increased pulse and blood pressure; insomnia; loss of appetite
- Overdose can cause agitation; hallucination; convulsions; possible death

Opiates

- Drowsiness; lethargy
- Slurred speech
- Constricted pupils
- Needle scars
- Loss of appetite
- Nausea; flushed face
- Used as pain killer; cough medicine
- Highly addictive (codeine is moderately addictive)
- Effect lasts 3-6 hours
- Sniffed, injected, smoked, taken orally
- Causes euphoria; drowsiness; nausea
- Overdose can cause slow, shallow breathing; clammy skin; convulsions; possible death

PCP

- Increased heart rate/blood pressure
- Flushing, sweating, dizziness, numbness, drowsiness
- Pupils dilated
- Rigid muscles, deadened actions
- Symptoms of intoxication without smell of alcohol
- No medical uses
- Highly addictive; effect lasts several days
- Smoked, injected, taken orally
- Causes illusions; hallucinations
- Overdose may cause more intense trips; possible death

Amphetamines

- Increased heart and breathing rates
- High blood pressure; high fever
- Dilated pupils
- Decreased appetite; dry mouth
- Sweating; headache; blurred vision; dizziness
- Unable to sleep
- Used for weight control; to treat narcolepsy; attention deficit disorder
- Highly addictive
- Effect lasts 2-4 hours
- Injected or taken orally
- Increased alertness, pulse, and blood pressure; insomnia; loss of appetite; euphoria; excitation
- Overdose may cause agitation; convulsions; possible death

Alcohol

- Sloppiness
- Slurred speech
- Trouble walking
- Has the "shakes"
- Blackouts
- Hangover (headaches)
- Smell of alcohol
- Limited medicinal use; over the counter sleep aids; cough syrups
- Addictive; may be genetic
- Moody, emotionally unstable
- Accident-prone
- Withdrawn; may be violent; overly talkative

SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]

Cell Phone/Wireless Device Policy

It is the policy of SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR] to follow cell phone usage while driving rules described in FMCSA rule 392.80 (prohibition against texting) and 49 CFR parts 383, 384, 390, 391, and 392 (restrict the use of hand-held mobile telephones by drivers of commercial motor vehicles), effective January 3, 2012.

This company prohibits drivers to use hand-held mobile phones while driving a commercial motor vehicle while in our employ. Hands-free use of a mobile telephone is allowed using either a wired or wireless earpiece, or the speakerphone function of the mobile telephone. Wireless connection of the mobile telephone to the vehicle for hands-free operation of the telephone, which would allow the use of single-button controls on the steering wheel or dashboard, would also be allowed.

A driver must have his or her mobile telephone located where the driver is able to initiate, answer, or terminate a call by touching a single button while the driver is in the seated driving position and properly restrained by a seat belt. If the mobile telephone is not close to the driver and operable while the driver is restrained by properly installed and adjusted seat belts, then the driver is considered to be reaching for the mobile phone, which is prohibited.

NOTE: A driver's use of the Push-to-Talk function on a mobile telephone violates the prohibition against holding the phone. This includes the continuous holding of a button that is necessary to use a Push-to-Talk feature through a mobile telephone, even when the driver is using a connected microphone or wireless earphone.

I have read, understand and will abide by the Company Cell Phone/Wireless Device Policy. Should I find myself in a situation where I cannot meet this requirement, I will notify the company immediately. I understand that this document provides the information on how the company wishes me to comply with the policy and that failing to do so can lead to disciplinary action up to and including termination.

SIGN HERE
PLEASE!


Applicant's Signature

11/08/2019

Date

Chris Miller

Name

SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]

Rolling Stock Maintenance Policy

**References are made within these policies that refer to regulations outlined in the Federal Motor Carrier Safety Regulations. You have been provided a copy of these regulations for your reference. If you did not receive a copy or need an additional copy, please let management know.*

General

1. The company will systematically inspect, repair, and maintain, or cause to be systematically inspected, repaired, and maintained, all motor vehicles and intermodal equipment subject to its control.
2. Parts and accessories shall be in safe and proper operating condition at all times. These include those specified in part 393 of the FMCSR's and any additional parts and accessories which may affect safety of operation, including but not limited to, frame and frame assemblies, suspension systems, axles and attaching parts, wheels and rims, and steering systems.
3. The company will maintain, or cause to be maintained, records for each motor vehicle we control. These records should have an identification of the vehicle including:
 - a. Company unit number
 - b. Make
 - c. VIN
 - d. Year
 - e. Tire size
4. The company will indicate the nature and due date of the various inspection and maintenance operations to be performed on each vehicle;
5. The company will record each inspection, repair, and maintenance indicating their date and nature;
6. The company will record tests conducted on push out windows, emergency doors, and emergency door marking lights on buses.
7. The company shall not permit any person to operate nor shall any person operate any motor vehicle marked "out-of-service" until all repairs required by the "out-of-service notice" have been satisfactorily completed.

Violations Reports

1. Drivers who receive an inspection report shall deliver a copy to the motor carrier operating the vehicle upon his/her arrival at the next terminal or facility. If the driver is not scheduled to arrive at a terminal or facility within 24 hours, the driver shall immediately mail, Fax, or otherwise transmit the report to the motor carrier.
2. The company shall examine the violation report. Violations or defects noted thereon shall be corrected.
3. Within 15 days following the date of the inspection, the company shall—
 - a. Certify that all violations noted have been corrected by completing the "Signature of Carrier, Title, and Date Signed" portions of the form;
 - b. Return the completed roadside inspection form to the issuing agency at the address indicated on the form and retain a copy at our principal place of business.

Driver Vehicle Inspection Reports (DVIR'S)

1. Drivers shall prepare a report in writing at the completion of each day's work on each vehicle operated. The report shall cover at least the following parts and accessories:—Service brakes including trailer brake connections—Parking brake—Steering mechanism—Lighting devices and

reflectors—Tires—Horn—Windshield wipers—Rear vision mirrors—Coupling devices—Wheels and rims—Emergency equipment.

2. The Driver report shall identify the vehicle and list any defect or deficiency discovered by or reported to the driver which would affect the safety of operation of the vehicle or result in its mechanical breakdown. If no defect or deficiency is discovered by or reported to the driver, the report shall so indicate. In all instances, the driver shall sign the report. If a driver operates more than one vehicle during the day, a report shall be prepared for each vehicle operated.
3. The company shall repair any defect or deficiency listed on the driver vehicle inspection report which would be likely to affect the safety of operation of the vehicle.
4. The company shall certify on the original driver vehicle inspection report which lists any defect or deficiency, that the defect or deficiency has been repaired or that repair is unnecessary before the vehicle is operated again.
5. The company shall maintain the original driver vehicle inspection report, the certification of repairs, and the certification of the driver's review for three months from the date the written report was prepared.
6. Before driving a motor vehicle, the driver shall:
 - a. Be satisfied that the motor vehicle is in safe operating condition;
 - b. Review the last driver vehicle inspection report;
 - c. Sign the report, only if defects or deficiencies were noted by the driver who prepared the report, to acknowledge that the driver has reviewed it and that there is a certification that the required repairs have been performed.

Annual Inspection

1. The company shall, on an annual basis, have inspections performed on each vehicle that include, at a minimum, the parts and accessories set forth in appendix G of the FMCSR'S.
2. The company shall ensure that all parts and accessories on commercial motor vehicles intended for use in interstate commerce are maintained at, or promptly repaired to, the minimum standards set forth in appendix G of the FMCSR'S.

I have read, understand and will abide by the company policies set forth under its Rolling Stock Maintenance Policies. I understand that failure to follow these policies may result in discipline up to and including termination.

SIGN HERE
PLEASE!



Applicant's Signature

Chris Miller

Name

11/08/2019

Date

SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]

Hours of Service Policy

Federal Motor Carrier Safety Regulations (FMCSR) Prohibit motor carriers from allowing or requiring a driver to operate a commercial motor vehicle in violation of the FMCSR Part 395 Hours of Service Regulations. In addition, it is the responsibility, duty, and corporate policy of SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR] to establish policies and procedures that are consistent with government regulations and our civic duty to promote motor carrier and highway safety. It is the purpose of this Hours of Service Policy to accomplish these goals. This policy applies equally and without prejudice to all commercial motor vehicle drivers who are dispatched by and/or represent SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR] in the transportation of goods.

All drivers must adhere to the 30-minute break rule, the 11-hour, 14-hour, 60-hour/7day/8day and all other applicable rules as described in the current FMCSR Part 392 and Part 395. This includes accurately recording hours of service using paper logs if allowed, an FMCSA approved Electronic Recording Device (ELD) or Automatic On Board Recording Device as defined in Part 395.

For those required to use an ELD, accurately recording hours includes:

- Understanding how to interact with the device including how to log in/out, updating information, changing duty status, making annotations, and determining available drive time
- The ability to read, transmit, display, explain and provide the operating instructions for the device and data during an inspection
- Properly using the device to record Personal Conveyance as defined in Part 395
- Properly applying the Adverse Driving Conditions notation as defined in Part 395
- Insure all logs are accurate and finalized on a daily basis by editing any unintentional errors prior to making a final approval at the end of each day
- Maintaining a supply of blank paper logs in the truck with the ability to reconstruct paper logs in case of recording device failure
- Insuring device failures are rectified within 8 days

We are providing to you a copy of the Federal Motor Carrier Safety Regulations published by the FMCSA as reference material for your use. Should you have any questions in regards to Hours of Service rules or how to record your hours of service using an approved device, please ask your supervisor.

Violations of Company policy shall result in the following consequences:

First Violation of the 30-minute break rule, the 11-hour, 14-hour, 60-hour/7day or 70-hour/8 day rule without an allowable exception; driver failure to properly record HOS using an approved electronic recording device; OR, a driver falsified log shall result in a verbal warning which shall be noted by the driver's supervisor in the driver's file.

Second Violation of 30-minute break rule; the 11-hour, 14-hour, 60-hour/7day or 70-hour/8 day rule without an allowable exception; driver failure to properly record HOS using an approved electronic recording device; OR, a driver falsified log within 30 days of the first violation shall result in a written warning which shall be completed by the driver's supervisor and placed in the driver's file. At Company discretion, the driver may additionally be required to attend a 2-hour Driver's Hours of Service Class at the driver's expense.

Third Violation of 30-minute break rule, the 11-hour, 14-hour, 60-hour/7day or 70-hour/8 day rule without an allowable exception; driver failure to properly record HOS using an approved electronic recording device; OR, a driver falsified log within 30 days of the second violation shall result in the suspension of driving for a minimum of 7 days and /or termination of lease.

The Company reserves the right to withhold loads until an investigation can be completed at any time when in its judgment there is sufficient reason to believe that the driver is driving without following this company policy or regard for public safety.

SIGN HERE
PLEASE!



Applicant's Signature

11/08/2019

Date

Chris Miller

Name

SILVER TRANSPORTATION DBA SILVER LIMOUSINE [FR]

Driver Qualifications Policy

**References are made within these policies that refer to regulations outlined in the Federal Motor Carrier Safety Regulations. You have been provided a copy of these regulations for your reference. If you did not receive a copy or need an additional copy, please let management know.*

The following are company policies in regards to Driver Qualifications:

1. Is at least 21 years old;
2. Can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
3. Can, by reason of experience, training, or both, safely operate the type of commercial motor vehicle he/she drives;
4. Is physically qualified to drive a commercial motor vehicle in accordance with subpart E—Physical Qualifications and Examinations of this part;
5. Has a currently valid commercial motor vehicle operator's license issued only by one State or jurisdiction;
6. Has prepared and furnished the Company with the list of violations or the certificate as required by §391.27;
7. Is not disqualified to drive a commercial motor vehicle under the rules 391 and 383.
8. Has successfully completed a driver's road test and has been issued a certificate of driver's road test in accordance with §391.31, or has presented an operator's license.
9. Can, by reason of experience, training, or both, determine whether the cargo he/she transports has been properly located, distributed, and secured in or on the commercial motor vehicle he/she drives;
10. Is familiar with methods and procedures for securing cargo in or on the commercial motor vehicle he/she drives.

Regulation violations that disqualify you from operating a commercial vehicle and can subject you to immediate termination are:

1. Driving a commercial motor vehicle while the person's alcohol concentration is 0.04 percent or more;
2. Driving under the influence of alcohol, as prescribed by State law;
3. Refusal to undergo such testing as is required by any State or jurisdiction in the enforcement of § 391.15(c)(2)(i) (A) or (B), or § 392.5(a)(2).
4. Driving a commercial motor vehicle under the influence of a 21 CFR 1308.11 Schedule I identified controlled substance, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug;
5. Transportation, possession, or unlawful use of a 21 CFR 1308.11 Schedule I identified controlled substance, amphetamines, narcotic drugs, formulations of an amphetamine, or derivatives of narcotic drugs while the driver is on duty, as the term on-duty time is defined in § 395.2 of this subchapter;
6. Leaving the scene of an accident while operating a commercial motor vehicle;
7. A felony involving the use of a commercial motor vehicle.

I have read the company policies regarding driver qualifications and certify that I meet the standards outlined. In addition, I understand that receiving any of the violations stated in the Driver Qualification policies can subject me to immediate termination.

SIGN HERE
PLEASE!

Chris Miller
Applicant's Signature

11/08/2019

Date

Chris Miller

Name



U.S. Department of Transportation
Federal Motor Carrier Safety Administration
Licensing and Insurance Public

Choose Menu Option



Insurance History

US DOT:		3085952		Docket Number:		MC00069281	
Legal Name:		SILVER TRANSPORTATION					
Form	Type	Insurance Carrier	Policy/Surety	Coverage From	Coverage To	Effective Date From	Effective Date To
91X	BIPD/Primary	AMERICAN SERVICE INSURANCE COMPANY, INC.	CA36365P2018	\$0	\$1,500,000	11/02/2018	01/23/2019 Cancelled
91X	BIPD/Primary	AMERICAN SERVICE INSURANCE COMPANY, INC.	CA36365P2018	\$0	\$1,058,000	01/23/2018	11/02/2018 Cancelled

[Carrier Details](#) | [Active/Pending Insurance](#) | [Rejected Insurance](#) | [Authority History](#) | [Pending Application](#) | [Revocation](#)

February 10, 2020



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Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-632-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)

→ CORRECTED



U.S. Department of Transportation
Federal Motor Carrier Safety Administration
Licensing and Insurance Public

Choose Menu Option

60

Motor Carrier Details

US DOT:	3085952	Docket Number:	MC00069281	
Legal Name:	SILVER TRANSPORTATION			
THIS CARRIER IS OUT OF SERVICE.				
Doing-Business-As Name:	SILVER LIMOUSINE			
Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax	Undeliverable Mail
117 NW 189TH ST RIDGEFIELD WA 98642	3608063881 Fax: (866) 299-5406	117 NW 189TH ST RIDGEFIELD WA 98642-5777		NO
Authority Type	Authority Status	Application Pending		
Common	NONE	NO		
Contract	NONE	YES		
Broker	NONE	NO		
Property	Passenger	Household Goods	Private	Enterprise
NO	YES	NO	NO	NO
Insurance Type	Insurance Required	Insurance on File		
BIPD	\$1,500,000	\$0		
Cargo	NO	NO		
Bond	NO	NO		

BOC-3: YES

Blanket Company: SKB TRUCKING PERMITS & LOGISTICS, INC.

[Web Site Content and BOC-3 Information Clarification](#)

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January 30, 2020



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Federal Motor Carrier Safety Administration

1200 New Jersey Avenue SE, Washington, DC 20590 - T-800-832-5860 - TTY: 1-800-877-8339 - Field Office Contacts

Certificate of Completion

Is hereby granted to

Chris Miller

of Silver Transportation DBA Silver Limousine

For completing and passing the HOS Basics Training

Completion Date: February 10, 2020

Course Provided By



9111 SE Saint Helens St. Clackamas, OR 97015

Certificate of Completion

Is hereby granted to

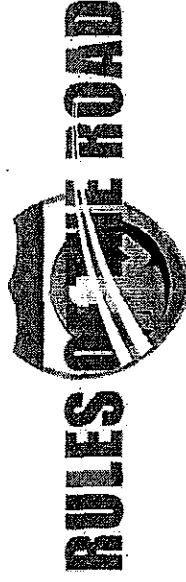
Chris Miller

of Silver Transportation DBA Silver Limousine

For completing and passing the Maintenance Overview Training

Completion Date: February 10, 2020

Course Provided By



9111 SE Saint Helens St. Clackamas, OR 97015

Unit #	Year	Make	VIN	Plate #	State	Axles	Capacity	Non Operational
1	2006	Chrysler	2C3KA53G67K649288	BLW6504	WA	2	9 SEAT	TRUE

EXHIBIT 4

DATE 1 / 30 / 2020

AMBEST SERVICECENTERS

MOTOR CARRIER OPERATOR Silver LamasinaADDRESS 117 NW 189 streetCITY Ridgely STATE WA ZIP 98642

SERVICE CENTER NAME

VEHICLE MAKE Chrysler 300 Lemo

CITY STATE

LIC. PLATE# 7H649288 VIN# OTHER

This vehicle has passed all the inspection items for the Annual Vehicle Inspection Report in accordance with 49 CFR 396. ● YES ○ NO

INSPECTOR'S NAME Ryan WallaceINSPECTOR'S SIGNATURE Ryan Wallace

CODE ✓ = OK ○ = NEEDS REPAIR

N/A = NOT APPLICABLE

BRAKE SYSTEMS

Service Brakes

Parking Brake System

Brake Drums or Rotors

Brake Hose

Brake Tubing

Low Pressure Warning Device

Tractor Protection Valve

Air Compressor

Electric Brakes

Hydraulic Brakes

Vacuum Brakes

COUPLING DEVICES

Fifth Wheels

Pintle Hooks

Drawbar/Towbar Eye

Drawbar/Towbar Tongue

Safety Devices

Saddle Mounts

EXHAUST

Leaks

Placement

FUEL SYSTEM

Visible leak

Fuel tank

Fuel Cap

LIGHTING DEVICES

All lighting devices and reflectors required by Section 393 shall be operable.

SAFE LOADING

a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.

b. Protection against shifting of cargo

STEERING MECHANISM

Steering Wheel Free Play

Steering Column

Front Axle Beam

Steering Gear Box

Pitman Arm

Power Steering

Ball and Socket Joints

Nuts on All Connections

Steering Systems

SUSPENSION

a. Any U-bolt(s), spring hanger(s), or other axle positioning pan(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.

b. Spring assembly

c. Torque, Radius or Tracking Components

FRAME

a. Frame members

b. Tire and Wheel Clearance

c. Adjustable Axle Assemblies (Sliding Subframes)

WHEELS AND RIMS

Lock or Side Ring

Fasteners

Welds

WINDSHIELD GLAZING

WINDSHIELD WIPERS

MISC. ACCESSORIES

Horn

Mirrors

Defrosting Device

EMERGENCY EQUIPMENT

Fire Extinguisher

Flares

Fuses

TIRES

Tread

Inflation

Damage

Other

FRONT		32nd PSI		32nd PSI		32nd PSI		BACK	
Stroke	Brake Lining	Stroke	Brake Lining	Stroke	Brake Lining	Stroke	Brake Lining	Stroke	Brake Lining
4	50	8	50						
4	50	8	50						

4022027

1-800-910-7220 www.am-best.com

A NAME YOU KNOW
SERVICE YOU CAN TRUST

EXHIBIT 5



Uniform Limousine Vehicle Inspection

Personnel No. x734	Dist./Detachment 05	County Code 30	Interstate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00
Date 02/20/2020	Time (military) Start: 1500	Time (military) Finish: 1630		FAILED INSPECTION	Additional Fee
Inspection Location Ridgefield Port of Entry	Terminal				\$
					\$
					\$
				Total Inspections	\$ (Total)

CARRIER

Carrier Name (include DBA when applicable) Silver Transportation LLC	UBI# (optional) 603-083-070
Address 117 NW 189 st	Phone Number (360) 606-3861
City Ridgefield	State WA
	ZIP Code 98642

DRIVER

Driver Name CHRIS R. MILLER	DOB 11/29/1969	License No. WDL48P3B683B	State WA	Exp. Year 2024
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VEHICLE

Exec. Sedan Min. wheelbase 114.5" Rear Seating Cap: (Max. 3 passengers)	Exec. Van Rear Seating Cap: (7 to 14 passengers)	Stretch Limo. Max. wheelbase 285" Rear Seating Cap: (Max. 12 passengers) 8	Exec. SUV Min. wheelbase 116" Rear Seating Cap: (3 to 6 passengers)	Stretch SUV Max. wheelbase 325" Rear Seating Cap: (Max. 14 passengers)	Classic Car (over 30 years old) <input type="checkbox"/>
--	--	--	--	---	--

Registered Owner SAME

Year/Make 2007 / CHRYSLER	License No. BLW6504	VIN No. 2C3KA53G67H649288	State WA
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A -- Lights/Signal System	Pass	Fail	D -- Steering - Suspension	Pass	Fail	I -- Body Components	Pass	Fail
1. Headlamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Steering Wheel Play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Doors/Locks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hazard/Warning System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Suspension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stop Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	3. Seats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E -- Wheel System	Pass	Fail	4. Front Hood Latch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. License Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Tires, Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Trunk Latch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Clearance/Side Marker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Seat Belts	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Lugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bumpers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Interior Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Hubcaps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Paint Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	F -- Exhaust System	Pass	Fail	9. Body Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B -- Visibility	Pass	Fail	1. Exhaust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J -- Interior Cond/Cleanliness	Pass	Fail
1. Windshield	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	1. Seats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Wipers/Washers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G -- Fuel System	Pass	Fail	2. Carpet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Side/Rear Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Fuel Caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Headliner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Defrost/Defogger	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Door Panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Tinting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H -- Other	Pass	Fail	5. Trunk	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C -- Brake System	Pass	Fail		<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Amenities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Master Cylinder Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comments: W/B 240 B2 WASHER IN-OP / C4 PARKING BRAKE DID NOT HOLD / G2 FUEL TANK UNPROTECTED WIRE BELOW TANK/ H / I1 PASS REAR DOOR DOES NOT OPEN FROM INSIDE/ I6 MISSING ONE SEAT BELT 7 PASS 8 POSITIONS/ I7 REAR BUMPER MULTI DAMAGE/ I8 LEFT ROCKER PANEL DAMGED / J6 WEATHER STRIP MOLDING LOOSE					
2. Pedal	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3. Lines/Fittings	<input type="checkbox"/>	<input type="checkbox"/>						
4. Emergency Brake	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						

Driver/Carrier's Signature 	Officer's Signature
--------------------------------	-------------------------

☐ Pass ☒ Fail

Distribution: One copy each to (1) Limousine Owner; (2) CVEB Headquarters; (3) Inspecting Officer

EXHIBIT 6

In re: Classification of

Respondent

DECLARATION OF WAYNE ROCHE'

I became involved based on my photography, and primary for my photography. I had a fundamental understanding of website development, so I assisted Chris. However it was first

1 for the photography, and only secondary assisting on the website because Chris was not
2 knowledgable enough to understand how website development worked.

3 Chris did not know how to develop a website. Chris informally asked several amateur
4 web developers, such as the children of friends if they could assist in website development,
5 to get an idea of what was possible and see examples. These websites were examples, but to
6 my knowledge Chris didn't use them. Chris did not use many/most/all of the development
7 projects, because often he did not like the work.
8

9 As Chris himself was unfamiliar with the internet, it was other drivers/owners that
10 provided information for a Facebook page. When I see "Silver Limousine" mentioned as the
11 name of the business, it is a clear indicator to me that the source of information is very
12 outdated.
13

14 I think, to the best of my knowledge, Chris had purchased the domain name
15 PDXLimo.com on or around Winter 2008. He had printed up business cards using this
16 website address sometime in 2009. But due to Chris's inexperience and lack of
17 understanding regarding websites, the domain name registration expired a year later and was
18 purchased by a competing limousine service that began to use the domain on or around
19 winter 2009. After that time, Chris was unknowingly directing people to that companies
20 website, providing them with increased traffic due to Chris's lack of understanding about
21 domain name renewals.
22
23

24 In or around spring 2010, to the best of my knowledge, I informed Chris of the expiration
25 and sale of the pdxlimo.com domain, and Chris purchased the pdxlimo.net domain to use as a

1 replacement. It was at this time that I assisted in finding a developer to build a general
2 website for his limousine services, which included several photos of limousines to provide
3 content, however, it was illustrative, and not all the vehicles shown were owned by Chris,
4 some, I assumed, were other owners or images taken from the internet.

5 I provided the Virtual Tour imagery in question in 2011 for a website being set up for
6 Chris to replace the examples or placeholders that the developer had in place. I had believed
7 that this website and the content found within it were no longer on the internet or accessible
8 to anyone. I was very surprised when I was told of its existence, and that someone had gone
9 through the trouble of enableing the software it takes to access it from the internet. Most
10 people see that more software is needed and move on, they do not download program links
11 on random web sites. This website is so old that the Adobe Flash software used is now no
12 longer supported by web browsers, is no longer supported by Adobe (announced in July
13 2017) and will be removed by the end of 2020, which would indicate to anyone reasonably
14 familiar with web sites that the site is an old unmaintained website. It is reasonable to believe
15 that, given Chris's knowledge of website development, he was also unaware of the website's
16 existence.

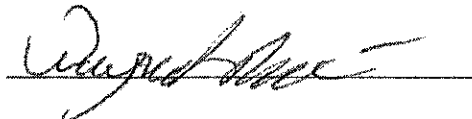
17 One of the previous web developers I am aware of was Brian Munson, who set up the
18 version of the website in question for Chris. He had done various things to help improve
19 traffic to the website, including putting affiliate link sharing information in the lower right
20 corner of the websites, that no longer work. Along with various broken links on the website
21 where information was missing or incomplete, this outdated feature is an indicator that the
22
23
24
25

1 indicates that the project was in all likelihood never even completed and promoted as it was,
2 to my knowledge, never approved.

3 The .net domain and website was set up by someone other than myself to redirect to
4 another website that is not owned by Chris. At this time, I believe Chris does not own either
5 of these websites nor does Chris have the ability to gain access to the .net website or to the
6 site that it redirects traffic.
7

8 I declare under penalty of perjury that the foregoing is true and accurate.

9 Signed this 21st day of February 2020 in Clark County, Washington.
10

11 
12

13 Wayne Roche
14
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25

EXHIBIT 7

**WASHINGTON
UTILITIES AND TRANSPORTATION COMMISSION**

In re: Classification of

DOCKET #: TE 180455

**CHRIS ROBERT MILLER, D/B/A
SILVER LIMOUSINE AND SILVER
TRANSPORTATION**

DECLARATION OF SALVADOR PARDO

Respondent

THE UNDERSIGNED, pursuant to RCW 9a.72.085 and under penalty of perjury under the laws of the state of Washington declares:

My name is Salvador Pardo, and I am a resident of Lane County, Oregon. I am the father of Chris Miller.

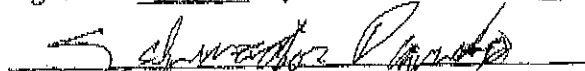
I am the owner of 113 NW 194th St, Ridgefield, WA. The property is clearly marked with No Trespassing signs which are visible along both entrances to the property, both at 15 feet and 300 feet from the property line.

My son Chris Miller is not the tenant, and does not live on the property. I do not live on the property.

Half of the property is unoccupied, and the other half is rental property and includes a house and an auto shop. The property is rented out to a business that repairs vehicles. I am simply the landlord, and any vehicles on the property are the responsibility of the tenant, who's business is to repair vehicles for others.

To be close enough to read the license plates of vehicles being repaired by the tenant on the property would require entering the property and passing the clearly marked no trespassing signs. I did not authorize a search of the property, nor am I aware of the tenant of the property authorizing a search of the property.

Signed this 22 day of February, 2020 in Lane County, OR State.


Salvador Pardo

DECLARATION OF SALVADOR PARDO

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