

BLESSED LIMOUSINE INC- DOT #2822783
15 S GRADY WAY -Suite 634 - RENTON, WA 98057
TEL. 206-579-5911

Date: 2 January, 2020

Hector M. Zendejas
MCSS / Enforcement Specialist - US Department of Transportation
Western Service Center – FMCSA
12600 W. Colfax Ave, Suite B-300 - Lakewood, CO 80215
hector.zendejas@dot.gov - (303) 407-2364 (303) 407-2339 fax

RE: RE: Request for change in Safety Rating based on corrective action IAW Part 385.17.

Mr. Zendejas:

We are in receipt of your letter dated December 27, in which you have notified us, the safety management plan we have submitted was insufficient to result in an upgrade of the current proposed Unsatisfactory safety rating.

We are studying the letter you sent and we are doing precisely as you have suggested.

We are going to focus, first, on the critical and acute violations, and the specific things you have listed in your letter.

Item #01 – 383.37 (a) – allowing or requiring a driver to operate a CMV when license is suspended.

Item #02 – 396.9(3)(2) – allowing a CMV to be operated when it has been declared OOS.

Item #03 – 391.51(b)(2) – failing to keep MVRs for all drivers in DQ files

Item #04 – 395.8(a)(1) – RODs not kept in the correct manner

Item #05 – 396.17(a) – operating a CMV with an expired or missing Annual inspection.

Item #06 – OOS percentage 60%

In the following documents, we have addressed each of the areas separately.

Driver Qualification:

Item #01 – 383.37 (a) – allowing or requiring a driver to operate a CMV when license is suspended.

Item #03 – 391.51(b)(2) – failing to keep MVRs for all drivers in DQ files

Maintenance:

Item #02 – 396.9(3)(2) – allowing a CMV to be operated when it has been declared OOS.

Item #05 – 396.17(a) – operating a CMV with an expired or missing Annual Inspection.

Item #06 – OOS percentage 60%

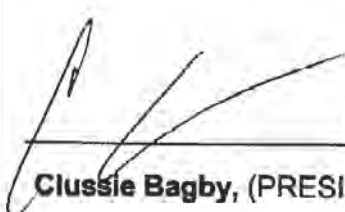
Hour of Service and RODs:

Item #04 – 395.8(a)(1) – RODs not kept in the correct manner

Our aim, here at Blessed Limousine, LLC, is to operate our business in such a way as to comply with the FMCSRs, and go beyond, doing everything in our power to ensure our employees and the motoring public are protected.

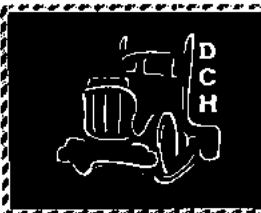
When we look for a single, underlying reason each of these violations took place, I think it is accurate to state we have been struggling with the transition from operating small passenger vehicles, which we have done for more than 10 years, to operating larger commercial vehicles in interstate commerce, which bring with them additional revenue opportunities, but which also cause us to come under the jurisdiction of the Federal Motor Carrier Safety Administration.

In order to help us understand the safety regulations, we are going to attend a 4-day seminar on the FMCSRs later this month.

 1-3-2020

Clussie Bagby, (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT #2822783



**DOT
COMPLIANCE
HELP, INC.**

543 East Main Street, Ste. B
East Dundee, IL 60118
(847) 836-6063 P
(480) 287-8058 F

1/9/2020

Clussie Bagby, as well as 1 other employee, with Blessed limo (DOT # 2822783) will attend the DOT Compliance Help Inc 4 day DOT Compliance seminar in Las Vegas on Feb 25-28 2020.

Best Regards,

Kim Bianchi

Date 01/06/2020

Kim Bianchi
DOT Compliance Help Inc
847-836-6063
www.dotcompliancehelp.com

BLESSED LIMOUSINE INC- DOT #2822783
15 S GRADY WAY - Suite 634 - RENTON, WA 98057
TEL. 206-579-5911

Date: 31 December 2019

Hector M. Zendejas
MCSS / Enforcement Specialist - US Department of Transportation
Western Service Center – FMCSA
12600 W. Colfax Ave, Suite B-300 - Lakewood, CO 80215
hector.zendejas@dot.gov - (303) 407-2364 (303) 407-2339 fax

RE: Request for change in Safety Rating based on corrective action IAW Part 385.17.

Mr. Zendejas:

We are going through your letter point by point;

Starting with violation #01 - 383.37. Unqualified driver

First, I want to be sure I understand what we did wrong; specifically, Gary Miller did not have a passenger endorsement. In order to prevent this type mistake from happening again, we are doing things differently, with regard to initial hiring, annual reviews of driver qualification and an annual check of the DQ packet.

Also mentioned by name were drivers Raiford and Bagby. In all three cases, there were problems with (a) the state of Washington department of motor vehicles and the way they input the information about the DOT physical, and (b) the verification and monitoring processes at Blessed Limousine LLC that were incomplete.

We cannot change what we did in 2019, but we can, and will, implement new processes to prevent making the same mistakes in future.

01 - See attached, DRAFT policy on driver qualification.

02 – see attached, completed app with proof of previous employment, DOT card, photocopy of CDL, and MVR for

02 a Clussie Bagby

02 b Curtis McCraney

Overall, the reason these things happened is, we have recently entered the motor coach business. Blessed Limousine LLC has been in business more than 10 years, but we only transitioned to using larger vehicles and operating in INTERstate commerce recently. It has taken a little longer to understand the things we needed to do differently, but as of now, we have the necessary safety controls required.

SMP Part 01 – DQ

In order to solve this problem, we are implementing a new DQ process, to include onboarding and annual checks. We have two new monitoring techniques; first, we will be conducting the 3-part annual review at least once per year, and we will be obtaining and studying MVRs each 3 – 4 months.


Our annual review process should help, and any time a person has a violation we are going to look at how it impacts their MVR. At any time, we will have a list of drivers with a current MVR for each driver. We will keep an updated list of drivers that includes expiration dates of CDL licenses and DOT cards, and we will not allow a driver – EVER – to drive a bus if one of these or any other required credential is expired.

Violation #03 391.51(b)(2) missing driver history

The violation states we did not retain the original MVR. We have a new process; we understand we must always keep the original MVR.

What we I cannot do is to go back and get all the MVRs from when each driver started. What we can do, and will do, is to always get an MVR as part of our process when we bring a driver on board, and keep that original MVR with the application.

The last driver I hired was Curtis McCraney – attached is his application, signed Oct 2, 2019, and his MVR, which we ran Nov 23. McCraney's start date was October 30.

 1-3-2020

Clussie Bagby, (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

TO: All drivers and employees of Blessed Limousine Inc

Date: December 31, 2019

This policy is in effect immediately

Effective immediately:

A. Initial Driver Qualification process:

Driver applicant will complete the application; management will study the application for completeness. In addition to the application, we will use the attached checklist to assure no one is dispatched in one of our buses that is not both legally and physically qualified.

Completed Driver's Employment Application

10 years job history – most-recent 3 years verified

Including 3-year MVR from each state lived in during last 3 years

Proof of negative pre-employment drug test

Including custody form and advise of negative result

Enlarged, color copy of CDL and/or operator's license

DOT medical qualification card with proof doctor is in NRCME

Road test Certificate

7-day sheet

B. Annual review process

Once per year an Annual record check – 3 parts

- a. Driver's certification of violations
- b. Another MVR each year
- c. Carriers certification of driver's qualification
using sample form - attached

C. Annual check of DQ packet

Once per year we will check each DQ file to be sure it is complete, to include:

- complete application
- Current valid DOT card with NRCME verification
- Current CDL (or operator's license)
- MVR – check to be sure operator is not suspended or revoked.

D. Monitoring and remediation

If you get a ticket or a roadside inspection, you must advise us immediately.

When we find out a violation has taken place, we will check your MVR to see if there is a possibility the violation could lead to a suspension.

It is in your best interest, and that of the company, to always do your best to comply with all state and local rules, for some obvious reasons and some that might not be completely obvious to you.

Additionally, we will get MVRs for all drivers each 90 days going forward. We have learned that it is possible for a professional driver to have a suspended license and not know it – we don't want this to ever happen again as it could cause inconvenience for our customers and embarrassment for us as a motor carrier.

E. Minimum Contents for DQ file

- 1 - Driver's Employment Application
 - 10 yrs job history – most-recent 3 yrs. Verified
 - Note; we are required to verify, in writing, each period of previous employment, in the last three year, when the applicant was driving a CMV in interstate commerce
- 2 - Proof of negative pre-employment drug test
 - custody form
 - advise of negative result
 - Note – for all CDL drivers, we must have proof of negative pre-employment drug test at least one day prior to the day they are dispatched the first time, and NOT MORE THAN 30 days prior to the first dispatched date.
- 3 – Enlarged, color copy of CDL and/or operator's license
 - Note: it is not necessary to print these out; a black and white copy in the hard-copy file is OK – the DOT has long said EVERYTHING can be on the computer; we need to be sure we have a good quality image; we can scan these in or even carefully photograph the CDL – as long as we could call up that file if necessary
- 4 - MVR – 3 yrs driving history
 - Note: for the INITIAL MVR, we need to look at the application and run and MVR for any state they have lived in during the most-recent 3 years.
- 5 - DOT medical qualification card – current and most recent expired
 - We need to go to the NRCME website and get the verification the doctor is actually currently enrolled in the NRCME

6 - Road test Cert. (or CDL or valid driver's license)

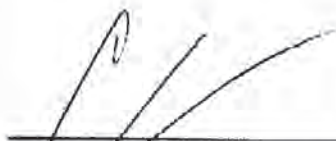
- The DOT does not insist on this – it is not consistently enforced – however, it is a mistake to not do this; therefore, we are making this a standard part of our DQ process here at Blessed Limousine LLC

7 - "7-day sheet"

For new and intermittent drivers

8 - Once per year an Annual record check – 3 parts

- a. Driver's certification of violations
- b. Another MVR each year
- c. Carriers certification of drivers qualification


_____ 1-3-2020
Clussie Bagby, (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

DRIVER EMPLOYMENT APPLICATION

Name (first, middle, last) Clussie Bagby		Hire Date (office use only) 6-04
You must list all previous addresses for 3 years	Address (street, city, state, zip code) 3932 62nd AVE Ct East Fife WA 98424	
	Address (street, city, state, zip code)	
Phone Number 206 579-5911	Date of Birth 8-27-60	Social Security Number 537-70-1943
*****Are you legally authorized to work in the U.S.? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Emergency Contact Name Genise Bagby		Relation Wife
Address 3932 62nd AVE Ct East Fife		Phone Number 206-679-8291

DRIVER LICENSE INFORMATION

Driver License Number WDL579R2933B	State WA	Type CDL B-P	Expiration Date 08-27-2021
--	--------------------	------------------------	--------------------------------------

DRIVER EXPERIENCE

Type of Equipment BUS	From (Date) 6-4	To (Date) Present	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles

REQUIRED QUESTIONS

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	<input checked="" type="radio"/> No
Has any license, permit or privilege ever been suspended or revoked?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?	Yes	<input checked="" type="radio"/> No
Have you ever been convicted of any serious crime? (Include any plea of "Guilty" or "No Contest" except for minor traffic violation)	Yes	<input checked="" type="radio"/> No

If you answered yes to any of the above 4 questions, you must attach a statement of explanation.

TICKETS / ACCIDENTS/ ETC. *write N/A if there is nothing to report

Accident Record for Past 3 Years

Date	Description	# of Injuries / Fatalities
	N A - N A	
Date	Description	# of Injuries / Fatalities
	N A - N A	

Traffic Convictions & Forfeitures for Past 3 Years

Date	Location	Charge	Penalty
	N A	N A	
Date	Location	Charge	Penalty
	N A	N A	

Page



EMPLOYMENT RECORD Applicant must include 10 years of any/all employment.
Begin with your most recent employer and work back until 10 years are included.

Employer <i>Blessed limousine</i>	From (M/Y) <i>6-04</i>	To (M/Y) <i>1-20</i>	Reason for Leaving <i>Currently Here</i>
Address <i>15 S Grady Way Renton W.A.</i>	Phone <i>206 579-5911</i>		Position <i>Driver</i>
Were you subject to the FMCSRs while employed?			<input checked="" type="radio"/> Yes <input type="radio"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			<input checked="" type="radio"/> Yes <input type="radio"/> No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
Employer	From (M/Y)	To (M/Y)	Reason for Leaving
Address	Phone		Position
Were you subject to the FMCSRs while employed?			Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?			Yes No
DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)			
If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:			
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No
Activity During Break	From (M/Y)	To (M/Y)	
In Addition, I was not employed by any company or individual			Yes No



TO BE READ AND SIGNED BY APPLICANT

I authorize you, BLESSED LIMOUSINE INC., 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. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as well as the FMCSRs.

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

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

This certifies 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.

Applicant Signature

Date

1-3-2020

Print Name

Clussie Bagby

Employer Witness Print Name

Genise R. Bagby

Witness Signature

Date

Genise R. Bagby

Jan 3, 2020



BLESSED LIMOUSINE INC- DOT #2822783
15 S GRADY WAY - Suite 634 - RENTON, WA 98057
TEL. 206-579-5911

Date: 6 January 2020

I, Clussie Bagby, am the owner of the small business known as Blessed Limousine.

I have been engaged in this business for more than 10 years.

I understand the FMCSR requires a Driver Job Application.

I have completed the application.

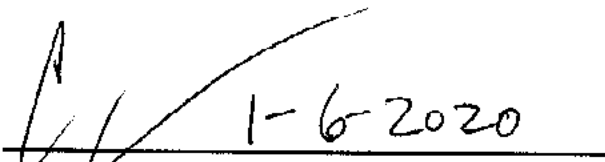
I can verify my job history; I have been here more than 10 years.

There MIGHT be some question; the business has only been recognized by the DOT for a shorter period of time than that; this is the explanation:

- I had a business involving town cars and other vehicles that were regulated by the state of Washington
- I only recently became involved in operating vehicles that were subject to the FMCSRs.

If there is any question regarding this

Verification of previous employment for driver Clussie Bagby, I can be reached at the above number.


1-6-2020

Clussie Bagby, (Driver and business owner)

Clussie Bagby – verification of previous employment

Public Burden Statement

A Federal agency may not conduct or sponsor and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 3126-0006. Public reporting for this collection of information is estimated to average approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-99A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: BAGBY JR** **First Name: CLUSSIE** in accordance with *(please check only one)*

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*

Wearing corrective lenses Accompanied by a _____, waiver/exemption Driving within an exempt intracity zone (49 CFR 391.42) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
12/4/2020

Medical Examiner's Signature 	Medical Examiner's Telephone Number (425) 291-3300	Date Certificate Signed 12/4/2018
Medical Examiner's Name (please print or type) Arlene Dorrough	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (Specify): _____
Medical Examiner's State License, Certificate, or Registration Number PA10004920	Issuing State WA	National Registry Number 2485232375

Driver's Signature 	Driver's License Number BAGBYC*403N7	Issuing State/Province WA
Driver's Address		
Street Address: 3932 62ND AVE CT E	City: FIFE	State/Province: WA Zip Code: 98424 <input type="radio"/> Yes <input checked="" type="radio"/> No

** This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

WA USA **WASHINGTON**

**ENHANCED COMMERCIAL
DRIVER LICENSE**

20 D1107184F1103



4d LIC# **WDL579R2933B**
1 **BAGBY**
2 **CLUSSIE, JR**

9 CLASS **B**

3 DOB **08/27/1960**
8 **3932 62ND AVENUE CT E**
FIFE WA 98424-2363

4a ISS **11/07/2018**



15 SEX **M**
16 HGT **6'-02"**
12 RESTRICTIONS
KM

18 EYES **BRO**
17 WGT **260 lb**
9a END **PS**
4b EXP **08/27/2021**

Handwritten signature

5 DD **WDL579R2933BD1107184F1103**

REV 09/04/2018



Driver Information	Address Information	License and ID Details
DLN: WDL579R2933B Last: BAGBY First: CLUSSIE Middle: Suffix: JR DOB: 08/27/1960 Gender: MALE	Address on file	Enhanced Driver License: Status: Licensed Issue: 10/03/2016 Expire: 08/27/2021 Original issue: 07/12/2001 Enhanced CDL Class B: Status: Licensed Type: Duplicate Issue: 11/07/2018 Expire: 08/27/2021 Original issue: 11/18/2016 Self-certification: Non-Excepted Intrastate Self-certification date: 10/03/2016 Medical certification: Medical certification date:

Restrictions			Endorsements	
Description	Lic type	Code	Description	Code
No Class A Passenger Vehicle	CDLB	M	Passenger	P
Non-Excepted Intrastate	CDL	K	School Bus	S

Reinstatements
Requirement
No requirements

DLN History		
DLN	Start	End
WDL579R2933B	11/07/2018	
BAGBYC*403N7	07/12/2001	11/07/2018

Tickets			
Description: 9B - Reg Plate Vio Violation date: 11/08/2016 Violation #: 6Z0950590	Finding date: 11/28/2016 Finding: Guilty Court name: Seattle Municipal Court	Statute: 46.16A.030 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No Mental health: No 16 Passenger: No Pass under 16: No Amended ACD: No
Description: 9B - Reg Plate Vio Violation date: 02/06/2016 Violation #: 6Z0275404	Finding date: 03/14/2016 Finding: Guilty Court name: Seattle Municipal Court	Statute: 46.16A.030 Electronic ticket: No	CMV: No Hazmat: No Fatality: No No test: Exempt veh: No Mental health: No 16 Passenger: No Pass under 16: No Amended ACD: No

Tickets

Description: B74 - Fail To Show Insurance Certification	Finding date: 01/13/2016	Statute: 46.30.020	CMV: No
Violation date: 06/07/2015	Finding: Guilty	Electronic ticket: No	Hazmat: No
Violation #: 5Z0670131	Court name: King County District Court		Fatality: No
			No test:
			Exempt veh: No
			Mental health: No
			16 Passenger: No
			Pass under 16: No
			Amended ACD: No

Collisions

Accident date	Vehicle Action	Report number	Insured	# of vehicles	# of injured	# of fatalities	Veh class	Jur	CMV	Haz	Fata lity	16+ Pass	Note
05/13/2017	Moving	3773640W		2	0	0			No	No	No	No	

ANNUAL REVIEW OF DRIVING RECORD

PART A - CERTIFICATION OF VIOLATIONS

Driver Name

Clossia Bagby

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
	<i>OLD SUSPENSION WAS DISCOVERED</i>	<i>WA</i>	<i>OCTOBER 2019</i>

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's license #: *W01579R2933B*

State: *WA*

Exp. Date: *08-27-2021*

Change of Address:

If you have moved in the last 12 months, provide your new address here

Drivers Signature

[Signature]

Today's Date *1-3-2020*

PART B - MVR (Attach MVR to form)

PART C - CARRIER'S ANNUAL REVIEW

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2) This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a CMV pursuant to 391.15., or
- This driver is disqualified to drive a CMV pursuant to company policy

Carrier's Name

BLESSED LIMOUSINE INC.

Carrier's Address

15 S GRADY WAY, STE. 634, RENTON, WA 98057

Reviewed by:

[Signature]

Title

Vice President

Date

1/3/20

E1



APPLICATION FOR EMPLOYMENT

NAME Curtis Eric McCraney
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS 5806 NE 3rd St Renton, WA 98059 HOW LONG? 7yrs
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH 8-25-60 SOCIAL SECURITY NO. 535-64-7944 HIRE DATE 10-2-19

TELEPHONE NUMBER 206-512-5704 E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

same as above # YEARS _____
 (STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
 (STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
 (STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
Wash	WDLBP357123B	CDL B	8-25-2023

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK BUS	Charter BUS	8-88 to Present	1,000 ⁰⁰
TRACTOR AND SEMITRAILER			
TRACTOR - TWO TRAILERS			
TRACTOR - TWO TRAILERS OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				NO YES
				NO YES
				NO YES

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

V10 # 14a
 curts 81

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)
10-13 10-13-16	Improper u-turn	WA	small fine

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

If yes, explain _____

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

If yes, explain Child Support

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME Associated Recreation Council

ADDRESS 8021 Greenwood Ave PHONE 206 684-7078

POSITION HELD Gym monitor FROM 1-2007 TO present SALARY 26⁰⁰hr

REASONS FOR LEAVING Present

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

SECOND LAST EMPLOYER: NAME City Sightseeing

ADDRESS 2001 W Garfield St PHONE 253-736-2036

POSITION HELD Tour Driver FROM 5-19 TO 8-19 SALARY 24.50hr

REASONS FOR LEAVING Seasonal

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No ___

VIO # 14a
CURTS P 2

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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.

10-2-19
DATE

Curtis McCrawey
APPLICANT'S SIGNATURE

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

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

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

10-2-19
DATE

Curtis McCrawey
APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

V10 #14a
Curtis p3

Date: 2 January 2019

TO WHOM IT MAY CONCERN:

When I filled out the application for Blessed Limousine Inc I stated my license was suspended once, due to child support.

This happened more than 20 years ago. I was working as a driver at the time, and I think my employer brought it to my attention.

By that time I was already current, and in order to remove the suspension I only had to notify the state; it was taken care of in one or two days.

Signed

Curtis McRaney 1-3-2020

Curtis McRaney, driver

Date: 2 January 2019

TO WHOM IT MAY CONCERN:

When I reviewed Curtis McCraney's application, the only period of previous employment where he drove a commercial motor vehicle in the last three years was when he worked for Grey Line of Seattle for a period of time.

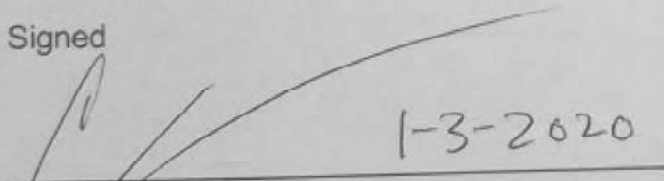
In December we tried several times to send an email to this phone number and did not get a response.

Today, January 3, 2020, I called the phone number Curtis provided for Grey Line of Seattle and spoke with John Brehmer at 253-736-2036. This phone call took place at 9:15 am on January 3, 2020.

Mr Brehmer stated that company has been out of service since October 2019.

Mr Brehmer also stated he remembers McCraney and verified McCraney drove for Grey Line last summer, but he does not have any paperwork in his possession.

Signed



1-3-2020

Clussie Bagby, President

Driver Information

DLN: WDLBP3S7123B
 Last: MC CRANEY
 First: CURTIS
 Middle: ERIC
 Suffix:
 DOB: 08/25/1960
 Gender: M

Address Information

Address on file

License and ID Details

Personal Driver License:

Status: Licensed
 Issue: 05/12/2011
 Expire: 08/25/2012
 Original issue: 10/26/2007

CDL Class B:

Status: Licensed
 Type: Duplicate
 Issue: 04/13/2019
 Expire: 08/25/2023
 Original issue: 06/02/2011
 Self-certification: Non-Excepted Interstate
 Self-certification date: 04/25/2017
 Medical certification: Certified
 Medical certification date: 07/31/2018
 Downgraded: 08/01/2020

State Identification Card:

Issue: 04/17/2007
 Expire: 08/25/2011
 Original issue: 04/17/2007

Restrictions

Description	Lic type	Code
No Class A Passenger Vehicle	CDLB	M

Endorsements

Description	Code
Passenger	P
School Bus	S

Reinstatements

Requirement

No requirements

DLN History

DLN	Start	End
WDLBP3S7123B	04/13/2019	
MCCRACE406N5	12/13/2001	04/13/2019

Tickets

Description: 9B - Reg Plate Vio	Finding date: 10/06/2019	Statute: 46.16A.030	CMV: No
Violation date: 09/15/2019	Finding: Committed	Electronic ticket: Yes	Hazmat: No
Violation #: 12978809	Court name: Seattle Municipal Court		Fatality: No
			No test: No
			Drug: No
			Exempt veh: No
			Mental health: No
			16 Passenger: No
			Pass under 16: No
			Amended ACD: No

VIO # 6c

Tickets

Description: D36 - Failed to maintain liability insurance
Violation date: 09/15/2019
Violation #: 12978809

Finding date: 10/06/2019
Finding: Committed
Court name: Seattle Municipal Court

Statute: 46.30.020
Electronic ticket: Yes

CMV: No
Hazmat: No
Fatality: No
No test: No
Drug: No
Exempt veh: No
Mental health: No
16 Passenger: No
Pass under 16: No
Amended ACD: No

Vio # 6c

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-BRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: MC CRANEY** **First Name: CURTIS** In accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- Wearing corrective lenses
- Accompanied by a _____ waiver/exemption
- Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Wearing hearing aid
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

7/31/2020

<p>Medical Examiner's Signature </p> <p>Medical Examiner's Name (please print or type) Julie Shovin</p> <p>Medical Examiner's State License, Certificate, or Registration Number PA60776900</p>	<p>Medical Examiner's Telephone Number 425-702-8002</p> <p>Date Certificate Signed 7/31/2018</p> <p> <input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____ </p> <p>Issuing State WA</p> <p>National Registry Number 5221107697</p>
--	--

<p>Driver's Signature </p> <p>Driver's Address Street Address: 5806 NE 3RD ST City: RENTON State/Province: WA Zip Code: 98059</p>	<p>Driver's License Number MCCRACE406NS</p> <p>Issuing State/Province WA</p> <p>CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
--	--

VIO #166

WA USA **WASHINGTON**

**COMMERCIAL
DRIVER LICENSE**
FEDERAL LIMITS APPLY



4d LIC# **WDLBP3S7123B**

9 CLASS **B DONOR**

1 **MC CRANEY**
2 **CURTIS ERIC**

3 DOB **08/25/1960**

4a ISS **04/13/2019**

8 **5806 NE 3RD ST
RENTON WA 98059-5133**

15 SEX **M**

18 EYES **BRO**

16 HGT **5'-09"**

17 WGT **165 lb**

12 RESTRICTIONS
M

9a END **PS**

4b EXP **08/25/2023**



Curtis McCraney

5 DD **WDLBP3S7123BD0413193G1053**

REV 09/04/20

BLESSED LIMOUSINE INC- DOT #2822783
15 S GRADY WAY - RENTON, WA 98057
TEL. 206-579-5911

Date: 31 December 2019

Hector M. Zendejas
MCSS / Enforcement Specialist - US Department of Transportation
Western Service Center – FMCSA
12600 W. Colfax Ave, Suite B-300 - Lakewood, CO 80215
hector.zendejas@dot.gov - (303) 407-2364 (303) 407-2339 fax

RE: Request for change in Safety Rating based on corrective action IAW Part 385.17.

Mr. Zendejas:

We are going through your letter point by point;

To address violations #2 and #5, which are both maintenance violations, as well as remediation to ensure we get our Maintenance SMS score down and keep it down.

Violation #02 396.9(c)(2) – dispatching a CMV that has been declared OOS on a roadside inspection.

How did the violation occur: Our bus number 777, was placed out of service at a roadside inspection on August 3, 2019. (At SEATAC airport). During the CR, I was unable to produce documentary evidence these repairs were complete before that CMV was dispatched again. The bus was towed to our yard, where we had the tires and lights repaired, and driven to a repair facility to have the other repairs completed.

What I cannot do is, I cannot prove the bus was not driven from our place of business to a repair facility before all repairs were completed.

As evidence of compliance with our new policy, I would like to provide a stack of roadside inspections with proof of all repairs. However, the last roadside inspection was in August, more than two months prior to the compliance review. Therefore, all we can offer as proof is the policy statement.

What we can do is, produce a list of commercial vehicles with an annual inspection which has been done more recently.

In future, we will follow our new company maintenance policy which states NO ONE will ever authorize operation of a CMV for any distance if it has been placed out of service on a roadside inspection.

Attached please find

Blessed Limousine - SMP - Maint.

Signed maintenance policy which includes instructions for corrections of all violations on any and all future roadside inspections.

Violation #5 - 396.17(a) using a CMV without a current valid annual DOT inspection

We are implementing a new maintenance policy which will require us to complete an annual inspection once each 8 - 10 months.

In future, our plan is to have these Periodic inspections done more often than the minimum FMCSA requirement of once each 12 months; we are going to plan for each 8 – 10 months. This will allow us to get any needed repairs made and decrease the chances of having a violation on a roadside inspection.

And, more importantly, this will decrease the chances of having a mechanical violation that might lead to a crash.

In addition to the specific listed Acute, Critical and other violations, I understand the percentage of out of service vehicles is calculated at 60%.

We have been using motor coaches that are 8 – 10 years old, which is a standard practice in the industry, but we have had a lot of violations when they are inspected by FMCSA people.

We have come to the conclusion we need to make changes to our maintenance system.

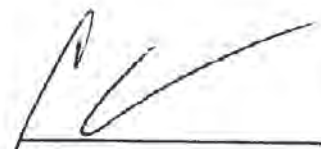
In addition to the several provisions of the new maintenance policy, we will conduct some training on how to do a daily inspection, and we have revised our scheduled maintenance intervals.

Each driver will perform a daily inspection each day and if the date of the annual inspection is within 2 months of being outdated, he will note this on the DVIR.

I, Clussie Bagby, will check ALL DVIRs every day to see if there are items that must be addressed; if there is a minor item (not safety-related) I will be sure it is taken care of when the bus comes in for routine maintenance.

If a driver reports something on a DVIR what makes the bus unsafe to operate (such as brakes, tires or windshields) everyone understands, the vehicle cannot be operated until the repairs are made.

If a vehicle is placed out of service on a roadside inspection, we will either get the repairs made on the spot or we will have it towed in for repairs.

 1-3-2020

Clussie Bagby, (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

TO: All drivers and employees of Blessed Limousine Inc

Date: January 2, 2010 - Effective immediately:

A. Roadside inspections:

As a team, we must work together to ensure we never dispatch a bus that has a violation from a roadside inspection.

For every roadside inspection, we will maintain documentary evidence of repairs. Any roadside inspection must be brought to me immediately.

If there is one or more out-of-service violations, we will not operate that vehicle until the OOS violations are corrected.

When there are other violations, which are not OOS violations, we will ensure these are corrected before the vehicle is dispatched again.

B. Annual inspections

We will have these done each 8 – 10 months.

We will put a sticker on the outside of the bus each time an inspection is completed.

Drivers will check the date of the most-recent annual inspection each day when performing a pre-trip inspection.

I will check the list and schedule annual inspections to be done well before they expire.

C. Quarterly inspection of emergency exits

We should plan to do these once each 60 days, but under no circumstances will we fail to perform this inspection within the 90-day maximum time frame

D. Daily vehicle inspections

Using the new DVIR form as a memory aid, each driver will perform a thorough pre-trip and post-trip inspection each day and turn in a DVIR with a signature and date, and if applicable, sufficient information to direct needed repairs.

If a driver notes a violation which would make the CMV unsafe to operate, the vehicle will not be dispatched until needed repairs are complete.


If minor violations are noted on DVIRs, we will be sure repairs are complete no later than the next scheduled maintenance interval.

E. Scheduled maintenance inspections

Each motor coach will have a scheduled inspection once each 60-90 days, at the same time as the required quarterly inspection of emergency exits.

At a minimum, the following items will be inspected at this time:

- Brake adjustment (if needed)
- Visual inspection of all brake system components [check for leaks]
- Steering and suspension systems
- Tires and wheels
- Vehicle connecting devices (fifth wheels, kingpins, pintle hooks, drawbars, chains, etc.)



1-3-2020

Clussie Bagby, (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

Unit #	Vehicle Type	Year	Make	Model	Passenger Capacity	Vehicle ID Number (VIN)	License Plate #	License Plate State	Leased or Owned	ESB/ADSDS As Applicable
779	Mini-Bus 16+	2011	Ford	F550	16	1FDGF1GTR88E82235	C988776	WA	Owned	NA
9875	Motor Coach	2005	Vanhool	C2045	57	YE2CC16B2S2046577	C13375K	WA	Owned	NA
777	Motor Coach	2005	Vanhool	C2045	57	YE2CC16B7S2046591	C474835	WA	Owned	NA
181	Motor Coach	2005	Vanhool	C2045	57	YE2CC16B2S2046594	BPW6944	WA	Owned	NA
778	Van 9-15	2006	Ford	ECONOLINE	12	1B8SS31L4GH197229	BF84698	WA	Owned	NA

F550 has not been used since May 2019
 This motor coach has not been used since August 2019

I hereby certify this is the list of CMVs used by Blessed Limousine LLC



1-3-2020

ANNUAL VEHICLE INSPECTION REPORT

REPORT NUMBER	FLEET UNIT NUMBER
2020004	779
DATE	
12/4/19	

MOTOR CARRIER OPERATOR <i>Blessed Limousine, Inc</i>	INSPECTOR'S NAME (PRINT OR TYPE) <i>Steve A+</i>
ADDRESS <i>1550 Grandway</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 393.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>Renton, WA 98057</i>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>1FR5537646HA 97220</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER) <i>SMALL</i>	

VEHICLE COMPONENTS INSPECTED			
OK	REPAIRED DATE	ITEM	OK
✓		a. Service Brakes	✓
✓		b. Parking Brake System	✓
✓		c. Brake Drums or Rotors	✓
✓		d. Brake Hose	✓
✓		e. Brake Tubing	✓
✓		f. Low Pressure Warning Device	✓
✓		g. Tractor Protection Valve	✓
✓		h. Air Compressor	✓
✓		i. Electric Brakes	✓
✓		j. Hydraulic Brakes	✓
✓		k. Vacuum Systems	✓
✓		l. Antilock Brake System	✓
✓		m. Automatic Brake Adjusters	✓
✓		a. Fifth Wheels	✓
✓		b. Pintle Hooks	✓
✓		c. Drawbar/Towbar Eye	✓
✓		d. Drawbar/Towbar Tongue	✓
✓		e. Safety Devices	✓
✓		f. Saddle-Mounts	✓
✓		a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓
✓		b. Bus exhaust system leaking or discharging in violation of standard.	✓
✓		c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓
✓		a. Visible leak.	✓
✓		b. Fuel tank filler cap missing.	✓
✓		c. Fuel tank securely attached.	✓
✓		All lighting devices and reflectors required by Part 393 shall be operable.	✓
✓		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 cargo.	✓
✓		c. Container securement devices on intermodal equipment.	✓
✓		a. Steering Wheel Free Play	✓
✓		b. Steering Column	✓
✓		c. Front Axle Beam and All Steering Components Other Than Steering Column	✓
✓		d. Steering Gear Box	✓
✓		e. Pitman Arm	✓
✓		f. Power Steering	✓
✓		g. Ball and Socket Joints	✓
✓		h. Tie Rods and Drag Links	✓
✓		i. Nuts	✓
✓		j. Steering System	✓
✓		a. Any U-bolt(s), spring hanger(s), or other axle positioning part(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	✓
✓		a. Frame Members	✓
✓		b. Tire and Wheel Clearance	✓
✓		c. Adjustable Axle Assemblies (Sliding Subframes)	✓
✓		a. Tires on any steering axle of a power unit.	✓
✓		b. All other tires.	✓
✓		c. Installation of speed-restricted tires unless specifically designated by motor carrier.	✓
✓		a. Lock or Side Ring	✓
✓		b. Wheels and Rims	✓
✓		c. Fasteners	✓
✓		d. Welds	✓
✓		Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).	✓
✓		Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.	✓
✓		Any passenger seat that is not securely fastened to the vehicle structure.	✓
✓		List any other condition(s) which may prevent safe operation of this vehicle.	✓

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

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

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
2020005	9785
DATE 12/4/19	

MOTOR CARRIER OPERATOR BESSED LINDUSINE, INC ADDRESS 15 So Greely Way CITY, STATE, ZIP CODE Renton, WA 98057 VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTOR'S NAME (PRINT OR TYPE) Steve A THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER VE2CC16B252046577
---	--

VEHICLE COMPONENTS INSPECTED					
OK	REPAIRED DATE	ITEM	OK	REPAIRED DATE	ITEM
✓		BRAKE SYSTEM	✓		SAFETY
✓		a. Service Brakes	✓		a. Tires on any steering axle of a power unit.
✓		b. Parking Brake System	✓		b. All other tires.
✓		c. Brake Drums or Rotors	✓		c. Installation of speed-restricted tires unless specifically designated by motor carrier.
✓		d. Brake Hose	✓		11. WHEELS AND RIMS
✓		e. Brake Tubing	✓		a. Lock or Side Ring
✓		f. Low Pressure Warning Device	✓		b. Wheels and Rims
✓		g. Tractor Protection Valve	✓		c. Fasteners
✓		h. Air Compressor	✓		d. Welds
✓		i. Electric Brakes	✓		12. WINDSHIELD GLAZING
✓		j. Hydraulic Brakes	✓		Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
✓		k. Vacuum Systems	✓		13. WINDSHIELD WIPERS
✓		l. Antilock Brake System	✓		Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
✓		m. Automatic Brake Adjusters	✓		14. MOTORCOACH SEATS
✓		5TH WHEELS	✓		Any passenger seat that is not securely fastened to the vehicle structure.
✓		a. Fifth Wheels	✓		15. OTHER
✓		b. Pintle Hooks	✓		List any other condition(s) which may prevent safe operation of this vehicle.
✓		c. Drawbar/Towbar Eye	✓		
✓		d. Drawbar/Towbar Tongue	✓		
✓		e. Safety Devices	✓		
✓		f. Saddle-Mounts	✓		
✓		EXHAUST SYSTEM	✓		
✓		a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓		
✓		b. Bus exhaust system leaking or discharging in violation of standard.	✓		
✓		c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓		
✓		FUEL SYSTEM	✓		
✓		a. Visible leak.	✓		
✓		b. Fuel tank filler cap missing.	✓		
✓		c. Fuel tank securely attached.	✓		
✓		LIGHTING DEVICES	✓		
✓		All lighting devices and reflectors required by Part 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 cargo.	✓		
✓		c. Container securement devices on intermodal equipment.	✓		
✓		STEERING MECHANISM	✓		
✓		a. Steering Wheel Free Play	✓		
✓		b. Steering Column	✓		
✓		c. Front Axle Beam and All Steering Components Other Than Steering Column	✓		
✓		d. Steering Gear Box	✓		
✓		e. Pitman Arm	✓		
✓		f. Power Steering	✓		
✓		g. Ball and Socket Joints	✓		
✓		h. Tie Rods and Drag Links	✓		
✓		i. Nuts	✓		
✓		j. Steering System	✓		
✓		SUSPENSION	✓		
✓		a. Any U-bolt(s), spring hanger(s), or other axle positioning part(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)	✓		

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

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

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
42578405	181
DATE October 8, 2019	

MOTOR CARRIER OPERATOR Blessed Limosine	INSPECTOR'S NAME (PRINT OR TYPE) Roman Ruiz
ADDRESS 3932 62nd Ct. E.	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 386.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Fife, wa, 98424	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER wa-BPM6944 • YE2CC16B25204659
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) GLM Charters

VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				10. TIRES
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			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.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Protection against shifting cargo.	<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Container securement devices on intermodal equipment.	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>							12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>							Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>							13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>							Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>							14. OTHER
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>							List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>							Emergency Windows
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>							Driver/Passenger Seat belt
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			b. Bus exhaust system leaking or discharging in violation of standard.	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			a. Visible leak.	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing.	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Part 393 shall be operable.	<input checked="" type="checkbox"/>							
			6. SAFE LOADING				7. STEERING MECHANISM				
			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.				a. Steering Wheel Free Play				
			b. Protection against shifting cargo.				b. Steering Column				
			c. Container securement devices on intermodal equipment.				c. Front Axle Beam and All Steering Components Other Than Steering Column				
							d. Steering Gear Box				
							e. Pitman Arm				
							f. Power Steering				
							g. Ball and Socket Joints				
							h. Tie Rods and Drag Links				
							i. Nuts				
							j. Steering System				
							8. SUSPENSION				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(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				
							9. FRAME				
							a. Frame Members				
							b. Tire and Wheel Clearance				
							c. Adjustable Axle Assemblies (Sliding Subframes)				

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

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

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12/3/19

VEHICLE NUMBER: 181

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: *Chris McLean*

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12/6/19

VEHICLE NUMBER: 181

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: *Quita McChary*

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver Instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12/13/19

VEHICLE NUMBER: 181

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature Justin McHenry

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12/17/19

VEHICLE NUMBER: 181

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: Curtis McHenry

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12/20/19

VEHICLE NUMBER: 181

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature Curtis McHenry

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CFR 396.11 Requirement

Driver Instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12-27-2019

VEHICLE NUMBER: 9875

- | | |
|--|--|
| <input type="checkbox"/> SERVICE BRAKES, PARKING BRAKE | <input type="checkbox"/> WINDSHIELD WIPERS |
| <input type="checkbox"/> TIRES | <input type="checkbox"/> MIRRORS |
| <input type="checkbox"/> LIGHTS | <input type="checkbox"/> COUPLING DEVICES |
| <input type="checkbox"/> HORN | <input type="checkbox"/> WHEELS & RIMS |
| <input type="checkbox"/> ANNUAL INSPECTION | <input type="checkbox"/> EMERGENCY EQUIPMENT |
| <input type="checkbox"/> SCHEDULED INSPECTION | <input type="checkbox"/> OTHER |

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: [Signature]

- Above defects corrected
- Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 9 months from the date the written report was prepared.) WJTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CFR 396.11 Requirement

Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12-28-2019

VEHICLE NUMBER: 9875

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

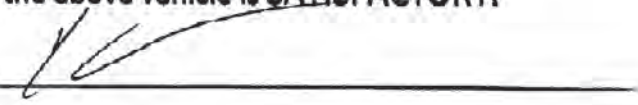
EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is **SATISFACTORY**.

Driver's Signature: 

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Transportation
15 S Grady Way Ste 634
Renton, Washington 98057
Driver Vehicle Inspection Report (DVIR)

See 49 CRF 396.11 Requirement

Driver Instruction: Check any defective item that was observed by or reported to you and give details under "Remarks".

DATE: 12-30-2019

VEHICLE NUMBER: 9875

SERVICE BRAKES, PARKING BRAKE

WINDSHIELD WIPERS

TIRES

MIRRORS

LIGHTS

COUPLING DEVICES

HORN

WHEELS & RIMS

ANNUAL INSPECTION

EMERGENCY EQUIPMENT

SCHEDULED INSPECTION

OTHER

REMARKS:

Condition of the above vehicle is SATISFACTORY.

Driver's Signature: 

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

_____ Date _____

Next day driver's signature:

_____ Date _____

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for 3 months from the date the written report was prepared.) WUTC April 2015

Blessed Limousine SMP – HOS / RODs section

BLESSED LIMOUSINE INC- DOT #2822783
15 S GRADY WAY - RENTON, WA 98057
TEL. 206-579-5911

Date: 31 December 2019

Hector M. Zendejas
MCSS / Enforcement Specialist - US Department of Transportation
Western Service Center – FMCSA
12600 W. Colfax Ave, Suite B-300 - Lakewood, CO 80215
hector.zendejas@dot.gov - (303) 407-2364 (303) 407-2339 fax

RE: Request for change in Safety Rating based on corrective action IAW Part 385.17.

Mr. Zendejas:

We are going through your letter point by point;

To address violation #4 395.8(a)(1) failing to require a driver to prepare a record of duty status in the proper form and manner:


How did this violation occur? I had a form the drivers were filling out that we then used to calculate payroll – I've heard the 100-air-mile radius exemption referred to in the past as the "time-card exemption" . . . the form our drivers were using before included start and end times, and we used that to calculate payroll.

I see now that the FMCSR says we need "start time, stop time and total hours" for each day if a driver qualifies for the short-haul or 100-mile radius exemption.

We need HOS records for each driver named in CR – complete since date of CR

We have started using a new form and each driver completes it each week – I will check it every week to make sure we don't slip up and dispatch a driver who is over their hours.

Attached is a list of drivers and all the RODs for the month of December.

 1-3-2020
Clussie Bagby, (PRESIDENT)

BLESSED LIMOUSINE, INC. DOT # 2822783

December

2019

Blessed Transportation
15 S Grady Way Ste 634
Renton, WA 98057

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 Charter: Salty's 2:30-9:30pm Curtis	4	5	6 Charter: Everett 1:40-10:00pm Curtis	7
8	9	10	11	12	13 Charter: 12:30-6:00pm Curtis	14
15	16	17 Charter: 2:00-10:00pm Curtis	18	19	20 Charter: Ocean 1:00-7:00pm Curtis	21
22	23	24	25	26	27 Charter: Salty's 2:00-10:00pm Clussie	28 Charter: 1:00-9:00pm Clussie
29 Charter: 12:00-2:00pm Clussie	30	31				

US DOT#
CNP#

CNN

ADDRESS 1
ADDRESS 2

DRIVER'S INITIAL HOURS OF SERVICE DOCUMENT (7 DAY SHEET)

This form is to be filled out on the first day the driver drives. The purpose of this form is to be sure that the driver will not violate an Hours of Service regulation on the day and time they start. The form must reflect all work done for direct or indirect compensation within the previous 7 days of the first day of driving.

NAME Clussie (FIRST) Bagby (LAST)

DATE	TOTAL TIME ON DUTY	TIME RELIEVED FROM DUTY
<u>12-20</u> (7 days ago)	<u>0</u>	N/A
<u>12-21</u> (6 days ago)	<u>5</u>	N/A <u>4 pm CB</u>
<u>12-22</u> (5 days ago)	<u>3</u>	N/A <u>2 pm CB</u>
<u>12-23</u> (4 days ago)	<u>0</u>	N/A
<u>12-24</u> (3 days ago)	<u>0</u>	N/A
<u>12-25</u> (2 days ago)	<u>0</u>	N/A
<u>12-26</u> (yesterday)	<u>5</u>	N/A <u>1 pm</u>

I hereby certify that the information contained hereon is true and complete to the best of my knowledge.

[Signature]
DRIVER SIGNATURE

1-6-2020
DATE

12-27 start 2pm - ^{End} 10pm Total 8hr

US DOT#
CNP#

CNN

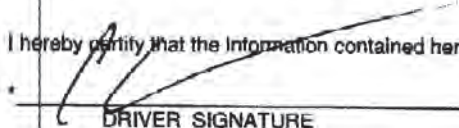
ADDRESS 1
ADDRESS 2

DRIVER'S INITIAL HOURS OF SERVICE DOCUMENT (7 DAY SHEET)

This form is to be filled out on the first day the driver drives. The purpose of this form is to be sure that the driver will not violate an Hours of Service regulation on the day and time they start. The form must reflect all work done for direct or indirect compensation within the previous 7 days of the first day of driving.

NAME Cussie (FIRST) 1 (MIDDLE) Bagby (LAST)

DATE	TOTAL TIME ON DUTY	TIME RELIEVED FROM DUTY
12-21 (7 days ago)	0	N/A
12-22 (6 days ago)	0	N/A
12-23 (5 days ago)	0	N/A
12-24 (4 days ago)	4	N/A 7pm ⁰³
12-25 (3 days ago)	0	N/A
12-26 (2 days ago)	0	N/A
12-27 (yesterday)	8	N/A 10pm

I hereby certify that the information contained herein is true and complete to the best of my knowledge.
 DRIVER SIGNATURE
 1-6-2020 DATE

12-28 start 1pm - End 9pm Total 8hr

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12-23				
Tuesday	12-24				
Wednesday	12-25				
Thursday	12-26				
Friday	12-27	2pm	10pm	8	
Saturday	12-28	1pm	9pm	8	
Sunday	12-29				
Total Hours for the week					

Total Hours Worked with Blessed this week =

16

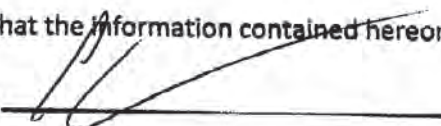
Total Hours Worked Apart from Blessed (any other jobs) this week =
(Required)

~~0~~

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature



Date 1-1-220

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

US DOT#
CNP#

CNN

ADDRESS 1
ADDRESS 2

DRIVER'S INITIAL HOURS OF SERVICE DOCUMENT (7 DAY SHEET)

This form is to be filled out on the first day the driver drives. The purpose of this form is to be sure that the driver will not violate an Hours of Service regulation on the day and time they start. The form must reflect all work done for direct or indirect compensation within the previous 7 days of the first day of driving.

NAME Clusie (FIRST) _____ (MIDDLE) _____ Bagby (LAST)

DATE	TOTAL TIME ON DUTY	TIME RELIEVED FROM DUTY
<u>12-23</u> (7 days ago)	<u>0</u>	N/A
<u>12-24</u> (6 days ago)	<u>5</u>	N/A <u>4pm CD</u>
<u>12-25</u> (5 days ago)	<u>0</u>	N/A
<u>12-26</u> (4 days ago)	<u>0</u>	N/A
<u>12-27</u> (3 days ago)	<u>8</u>	N/A <u>4pm CD</u>
<u>12-28</u> (2 days ago)	<u>8</u>	N/A <u>2pm CD</u>
<u>12-29</u> (yesterday)	<u>0</u>	NA

I hereby certify that the information contained hereon is true and complete to the best of my knowledge.

DRIVER SIGNATURE

DATE

1-6-2020

12-28

~~8pm~~ ^{start} 7pm - End 9pm
Total (8hr)

Tours Driver's Weekly Timesheet

Driver Name: _____

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12-30	12pm	2pm	2	
Tuesday	12-31				
Wednesday	1-1				
Thursday	1-2				
Friday	1-3	1pm	5pm	4	
Saturday	1-4				
Sunday	1-5				
Total Hours for the week				2	

Total Hours Worked with Blessed this week = 2

Total Hours Worked Apart from Blessed (any other jobs) this week = 0

(Required)
Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature  Date 1-3-2020

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

Additional violations, with discussion regarding additional monitoring methods to avoid incurring repeat offenses

Driver Qualification portion:

391.23(m)(2)(i)(A) failed to verify MVRs from states drivers have lived in previously.

- in our new driver qualification policy, we detail procedures to

a) ensure driver applicants fill out the applications completely, to include residences for the most-recent 36-month period.

b) for each state of residence, we have to get an MVR

Drug & Alcohol testing:

382.105 - using a DOT Custody-control form for a non-DOT drug test

We will have a DFWP policy but we will be very careful to keep it separate from the DOT-mandated D & A testing process

382.105 – using a driver who has not had a return-to-duty test as a conclusion to a Return-to-Duty process

We have a no-tolerance policy for DOT-regulated CMV operators.

In the past we hired a driver once who was going through a RTD and we didn't do a good job of completing it.

382.305(l)(2) failing to ensure a scientifically-valid selection method is used for random drug and alcohol testing

We should have a letter from the TPA indicating the method of selection of drivers for Random D & A testing.

382.305(l)(2) failing to ensure random D & A tests are spread evenly throughout the year

382.601(b) failing to provide employees a written policy on misuse of alcohol and controlled substances that meets the requirements of 382.601(b) 1 – 11

(NOTE: the FMCSR has changed a bit; instead of 11 items, there are 12 now.)

- We need to be sure we give each driver a complete D & A policy, and explain it to them; in the past there were 11 required topics; now there are 12 (The clearinghouse is #12)

Financial Responsibility (Insurance documents)

387.31 (d) failing to maintain proof of financial responsibility for passenger vehicles

We have an MCS-90 now

Commercial Motor Vehicle Marking:

390.21(b)(1) failing to mark CMV properly with legal name or trade name

- but #777 does not have the company name on it; I don't think we are going to use that bus anymore; if we do, we will be sure to get the name added to the signage on the side of it.

Driver Qualification:

391.21(a) Using a driver who has not furnished a completed Driver Application

We have a new DQ packet; we need to be sure we have a properly-completed application before we make a hiring decision, much less before we dispatch a driver

391.25(c)(2) failing to maintain record of annual review in DQ file

The 3-part annual review is going to be done each 8 – 10 months in future

391.51(b)(9) failing to note verification of the medical examiner's listing on the NRME

We have to go to the NRCME website to verify the ME is enrolled

391.53(a) – failing to maintain Records of investigation into history of new driver - this violation is about having all the right elements – a COMPLETE DQ packet

There are two elements to verification of driver history;

- 1) MVR from each state an applicant has lived in in the last 3 years, and
- 2) Verification of previous employment from previous employers

391.27 – failing to ensure an annual review – in three parts – is done at least once in each calendar year

Our new DQ policy includes performing the annual review once each 8 – 10 months

391.51(b)(7)(iii) failing to maintain the MVR with medical certification status information – (The MVR should tell you when the DOT Card expires – if not, you don't know for sure the driver has submitted this document to the state department of motor vehicles.)

For every CDL driver we should ALWAYS have a current MVR indicating when the DOT medical card expires

Maintenance:

396.3(b) failing to keep minimum records of inspection and maintenance of CMVs

We need to be sure we always have a Maintenance folder for each CMV – in three parts

396.3(b)(2) failing to have a means of indicating the nature and due date of various inspection and maintenance operations to be performed

Spreadsheet with all CMVs and due date of next scheduled inspection

396.3(b)(3) failing to keep records of inspection repair and maintenance

We need to be sure we have a 3-part maintenance folder for each CMV

396.9(d)(3) failing to maintain inspection form for 12 months from the date of inspection

We are going to be getting annual inspections each 8 – 10 months now

396.11(a) failing to require drivers to prepare DVIRs

We are going to implement a new DVIR and we will do some training on how to do a pre-trip inspection

(NOTE – even though property-carrying motor carriers are no longer required to turn in a DVIR except when something is broken, passenger-carrying motor carriers are still required to do these every day)



1-3-2020

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12/9				
Tuesday	12/10				
Wednesday	12/11				
Thursday	12/12				
Friday	12/13	12pm	6:30am	6.5	
Saturday	12/14				
Sunday	12/15				
Total Hours for the week					

Total Hours Worked with Blessed this week =

6.5

Total Hours Worked Apart from Blessed (any other jobs) this week =
(Required)

0

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature

Curt McHenry

Date

12-15

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

US DOT#
CNP#

CNN

ADDRESS 1
ADDRESS 2

DRIVER'S INITIAL HOURS OF SERVICE DOCUMENT (7 DAY SHEET)

This form is to be filled out on the first day the driver drives. The purpose of this form is to be sure that the driver will not violate an Hours of Service regulation on the day and time they start. The form must reflect all work done for direct or indirect compensation within the previous 7 days of the first day of driving.

NAME Curtis (FIRST) McCraney (LAST)

DATE	TOTAL TIME ON DUTY	TIME RELIEVED FROM DUTY
<u>12/10</u> (7 days ago)	<u>Ø</u>	<u>N/A</u>
<u>12/11</u> (6 days ago)	<u>Ø</u>	<u>N/A</u>
<u>12/12</u> (5 days ago)	<u>Ø</u>	<u>N/A</u>
<u>12/13</u> (4 days ago)	<u>6:5</u>	<u>N/A 3PM</u>
<u>12/14</u> (3 days ago)	<u>Ø</u>	<u>N/A</u>
<u>12/15</u> (2 days ago)	<u>Ø</u>	<u>N/A</u>
<u>12/16</u> (yesterday)	<u>Ø</u>	<u>N/A</u>

I hereby certify that the information contained hereon is true and complete to the best of my knowledge.

Curtis McCraney
DRIVER SIGNATURE

1-6-20
DATE

12-17 start 2PM / 10:15PM End
~~Total~~
Total (8 hrs)

US DOT#
CNP#

CNN

ADDRESS 1
ADDRESS 2

DRIVER'S INITIAL HOURS OF SERVICE DOCUMENT (7 DAY SHEET)

This form is to be filled out on the first day the driver drives. The purpose of this form is to be sure that the driver will not violate an Hours of Service regulation on the day and time they start. The form must reflect all work done for direct or indirect compensation within the previous 7 days of the first day of driving.

NAME Curtis McCraney
(FIRST) (MIDDLE) (LAST)

DATE	TOTAL TIME ON DUTY	TIME RELIEVED FROM DUTY
12/13 (7 days ago)	6.5	N/A 3PM
12/14 (6 days ago)	8	N/A
12/15 (5 days ago)	8	N/A
12/16 (4 days ago)	8	N/A
12/17 (3 days ago)	8	N/A 4PM
12/18 (2 days ago)	8	N/A
12/19 (yesterday)	8	N/A

I hereby certify that the information contained hereon is true and complete to the best of my knowledge.

Curt McCraney
DRIVER SIGNATURE

1-6-20
DATE

12-20 start 1PM / 8PM End

Total (7hrs)

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12/16				
Tuesday	12/17	2pm	10pm	8hrs	
Wednesday	12/18				
Thursday	12/19				
Friday	12/20	1pm	8pm	7hrs	
Saturday	12/21				
Sunday	12/22				
Total Hours for the week					

Total Hours Worked with Blessed this week =

15

Total Hours Worked Apart from Blessed (any other jobs) this week =

(Required)

~~0~~

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature

Curtis McLean

Date

12-22

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

US DOT#
CNP#

CNN

ADDRESS 1
ADDRESS 2

DRIVER'S INITIAL HOURS OF SERVICE DOCUMENT (7 DAY SHEET)

This form is to be filled out on the first day the driver drives. The purpose of this form is to be sure that the driver will not violate an Hours of Service regulation on the day and time they start. The form must reflect all work done for direct or indirect compensation within the previous 7 days of the first day of driving.

NAME Curtis (FIRST) McCransy (MIDDLE) McCransy (LAST)

DATE	TOTAL TIME ON DUTY	TIME RELIEVED FROM DUTY
<u>11/29</u> (7 days ago)	<u>Ø</u>	<u>N/A</u>
<u>11/30</u> (6 days ago)	<u>Ø</u>	<u>N/A</u>
<u>12/1</u> (5 days ago)	<u>Ø</u>	<u>N/A</u>
<u>12/2</u> (4 days ago)	<u>Ø</u>	<u>N/A</u>
<u>12/3</u> (3 days ago)	<u>2:30pm / 7:30pm</u>	<u>N/A 6:00pm</u>
<u>12/4</u> (2 days ago)	<u>Ø</u>	<u>N/A</u>
<u>12/5</u> (yesterday)	<u>Ø</u>	<u>N/A</u>

I hereby certify that the information contained hereon is true and complete to the best of my knowledge.

Curtis McCransy
DRIVER SIGNATURE

1-6-20
DATE

12/6 start 1:40pm / 10pm ^{End}
Total @ 20hrs

Tours Driver's Weekly Timesheet

Driver Name:

Day	Date (please enter)	Start Time	End Time	Total Hours (Daily)	Hrs of Service of Other Job for Part-Time Drivers
Monday	12/2				
Tuesday	12/3	2:30 pm	9:30 pm	7 hrs	
Wednesday	12/4				
Thursday	12/5				
Friday	12/6	1:40 pm	10 pm	9 hrs. 20	
Saturday	12/7				
Sunday	12/8				
Total Hours for the week					

Total Hours Worked with Blessed this week =

16:20

Total Hours Worked Apart from Blessed (any other jobs) this week =

~~0~~

(Required)

Comments:

I hereby certify that the information contained hereon is true to the best of my knowledge and belief

Driver Signature

Curtis McHenry

Date

12/7

- Please fill-in your personal driver information when a driver's log is not be used
- Use a Driver's log when:
 - You work more than 12 on duty hours a day
 - You driver longer than 100 air miles (from Skyway)
 - You drive an overnight Job
- Please submit your weekly Timesheet on Monday of the following week
- Driver's logs should be submitted within 48 hours of your completed work

US DOT#
CNP#

CNN

ADDRESS 1
ADDRESS 2

DRIVER'S INITIAL HOURS OF SERVICE DOCUMENT (7 DAY SHEET)

This form is to be filled out on the first day the driver drives. The purpose of this form is to be sure that the driver will not violate an Hours of Service regulation on the day and time they start. The form must reflect all work done for direct or indirect compensation within the previous 7 days of the first day of driving.

NAME Curtis (FIRST) _____ (MIDDLE) McCraney (LAST)

DATE	TOTAL TIME ON DUTY	TIME RELIEVED FROM DUTY
<u>12/6</u> (7 days ago)	<u>9.20</u>	<u>N/A</u>
<u>12/7</u> (6 days ago)	<u>0</u>	<u>N/A</u>
<u>12/8</u> (5 days ago)	<u>0</u>	<u>N/A</u>
<u>12/9</u> (4 days ago)	<u>0</u>	<u>N/A</u>
<u>12/10</u> (3 days ago)	<u>0</u>	<u>N/A</u>
<u>12/11</u> (2 days ago)	<u>0</u>	<u>N/A</u>
<u>12/12</u> (yesterday)	<u>0</u>	<u>N/A</u>

I hereby certify that the information contained hereon is true and complete to the best of my knowledge.

Curtis McCraney DRIVER SIGNATURE 1-6-20 DATE

12-13 start 12pm / 6:30pm ^{End}
Total 6.5 hrs