
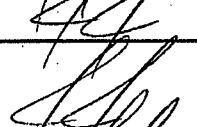
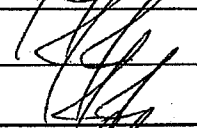
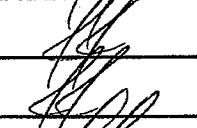
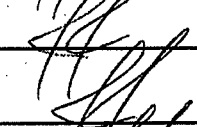

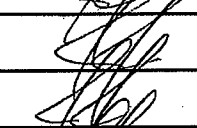
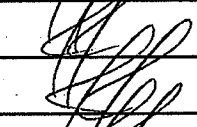
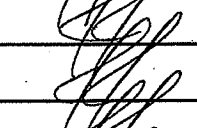

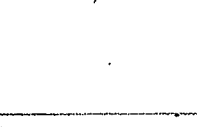

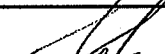
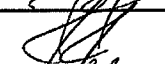
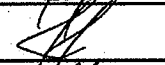
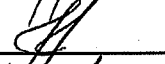

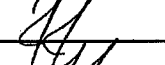
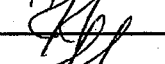
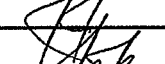
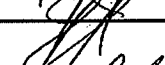
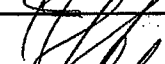
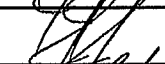




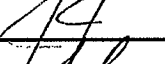
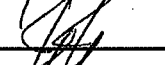
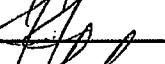
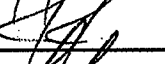
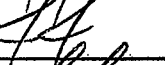
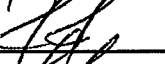
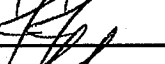
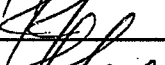

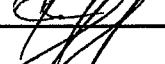


## VERIFICATION OF TRAINING RECEIVED

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|   |                                     |   |
|---|-------------------------------------|---|
| Name of HHG Company (as registered) and Permit No.<br><b>SPOKANE MOVERS HG11890</b> | Date of Training<br><b>JUNE 16</b>  | Name of Trainer(s)<br><b>RICK SMITH<br/>SUZANNE STILLWELL</b> |
| Name of Attendee (please print clearly)<br><b>GERALD JAHN</b>                       | Phone Number<br><b>509 701 8211</b> | Email address<br><b>jerry@SpokaneMovers.com</b>               |

| Safety Regulations  | Attendee must sign below, then initial each line acknowledging that training was received for each subject. |
|---|---|
| Applicability/Definitions/Acronyms                                      | X                         |
| Drug and Alcohol Testing  |                           |
| Pre-Employment Drug Testing   |                          |
| Post Accident Testing   |                         |
| Random Testing  |                         |
| Selection & Notification  |                         |
| Reasonable Suspicion Testing  |                         |
| Subpart B Prohibitions  |                         |
| Drug & Alcohol Policy   |                         |
| Consequences for Engaging in Drug & Alcohol Use                         |                         |
| Commercial Driver's License<br>Vehicles that require a CDL/Endorsements |                         |
| Qualifications for Drivers  |                         |
| Entry Level Driver Training   |                         |
| Driver Qualification File   |                         |
| Multiple Employer Driver  |                         |
| Driver Operations   |                         |
| Inspection and Use of Equipment   |                         |
| Pre-Trip Inspection   |                         |
| Accident Register   |                         |

|  |  |
|--|--|
| Hours of Service                         |    |
| Maximum Driving Times                    |    |
| 34- Hour Restart                         |    |
| Non-CDL Drivers Short-Haul Exception     |    |
| 16-Hour Short Haul Exception             |    |
| 100 Air Mile Radius Driver               |    |
| Driver's Duty Status Record              |    |
| Driver's Log Book Requirements           |    |
| Inspection, Repair & Maintenance Records |    |
| Driver Vehicle Inspection Report         |    |
| Periodic Inspection                      |    |
| Marking of Motor Vehicles                |    |
| Equipment Leasing                        |    |
| Safety Compliance Review (CR)            |   |
| Rules and Tariff Training                |  |
| Permits                                  |  |
| Insurance                                |  |
| Advertising                              |  |
| Estimates                                |  |
| Loss & Damage Protection (Valuation)     |  |
| Bill of Lading                           |  |
| Rates (Hourly-Rated Moves)               |  |
| Rates (Mileage-Rated Moves)              |  |
| Storage                                  |  |
| Complaints and Claims                    |  |
| Annual Reports & Regulatory Fees         |  |

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|   |                                     |  |
|---|-------------------------------------|--|
| Name of HHG Company (as registered) and Permit No.<br><b>SPOKANE MOVERS HG11890</b> | Date of Training<br><b>6/16/10</b>  | Name of Trainer(s) <small>SUZANNE SYLVESTER</small><br><b>RICK SMITH</b> |
| Name of Attendee (please print clearly)<br><b>CATHLEEN KERBY</b>                    | Phone Number<br><b>509 455 8211</b> | Email address<br><b>CATHY@SPOKANEMOVERS.COM</b>                          |

| <b>Safety Regulations</b>   | Attendee must sign below, then initial each line acknowledging that training was received for each subject. |
|---|---|
| Applicability/Definitions/Acronyms                                      | <input checked="" type="checkbox"/>   |
| Drug and Alcohol Testing  | <input checked="" type="checkbox"/>   |
| Pre-Employment Drug Testing   | <input checked="" type="checkbox"/>   |
| Post Accident Testing   | <input checked="" type="checkbox"/>   |
| Random Testing  | <input checked="" type="checkbox"/>   |
| Selection & Notification  | <input checked="" type="checkbox"/>   |
| Reasonable Suspicion Testing  | <input checked="" type="checkbox"/>   |
| Subpart B Prohibitions  | <input checked="" type="checkbox"/>   |
| Drug & Alcohol Policy   | <input checked="" type="checkbox"/>   |
| Consequences for Engaging in Drug & Alcohol Use                         | <input checked="" type="checkbox"/>   |
| Commercial Driver's License<br>Vehicles that require a CDL/Endorsements | <input checked="" type="checkbox"/>   |
| Qualifications for Drivers  | <input checked="" type="checkbox"/>   |
| Entry Level Driver Training   | <input checked="" type="checkbox"/>   |
| Driver Qualification File   | <input checked="" type="checkbox"/>   |
| Multiple Employer Driver  | <input checked="" type="checkbox"/>   |
| Driver Operations   | <input checked="" type="checkbox"/>   |
| Inspection and Use of Equipment   | <input checked="" type="checkbox"/>   |
| Pre-Trip Inspection   | <input checked="" type="checkbox"/>   |
| Accident Register   | <input checked="" type="checkbox"/>   |

|  |                                     |
|--|-------------------------------------|
| Hours of Service                         | <input checked="" type="checkbox"/> |
| Maximum Driving Times                    | <input checked="" type="checkbox"/> |
| 34- Hour Restart                         | <input checked="" type="checkbox"/> |
| Non-CDL Drivers Short-Haul Exception     | <input checked="" type="checkbox"/> |
| 16-Hour Short Haul Exception             | <input checked="" type="checkbox"/> |
| 100 Air Mile Radius Driver               | <input checked="" type="checkbox"/> |
| Driver's Duty Status Record              | <input checked="" type="checkbox"/> |
| Driver's Log Book Requirements           | <input checked="" type="checkbox"/> |
| Inspection, Repair & Maintenance Records | <input checked="" type="checkbox"/> |
| Driver Vehicle Inspection Report         | <input checked="" type="checkbox"/> |
| Periodic Inspection                      | <input checked="" type="checkbox"/> |
| Marking of Motor Vehicles                | <input checked="" type="checkbox"/> |
| Equipment Leasing                        | <input checked="" type="checkbox"/> |
| Safety Compliance Review (CR)            | <input checked="" type="checkbox"/> |
| Rules and Tariff Training                |                                     |
| Permits                                  | <input checked="" type="checkbox"/> |
| Insurance                                | <input checked="" type="checkbox"/> |
| Advertising                              | <input checked="" type="checkbox"/> |
| Estimates                                | <input checked="" type="checkbox"/> |
| Loss & Damage Protection (Valuation)     | <input checked="" type="checkbox"/> |
| Bill of Lading                           | <input checked="" type="checkbox"/> |
| Rates (Hourly-Rated Moves)               | <input checked="" type="checkbox"/> |
| Rates (Mileage-Rated Moves)              | <input checked="" type="checkbox"/> |
| Storage                                  | <input checked="" type="checkbox"/> |
| Complaints and Claims                    | <input checked="" type="checkbox"/> |
| Annual Reports & Regulatory Fees         | <input checked="" type="checkbox"/> |

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|  |   |                                   |
|--|---|-----------------------------------|
| Name of HHG Company (as registered) and Permit No. | Date of Training  | Name of Trainer(s)                |
| <i>Spokane Movers HG11890 6-16-10</i>              |   |                                   |
| Name of Attendee (please print clearly)            | Phone Number  | Email address                     |
| <i>Brian Pasano</i>                                | <i>455-8211 work<br/>216-1938 Cell</i>  | <i>BPSpokane-movers@gmail.com</i> |
| <b>Safety Regulations</b>                          | Attendee must sign below, then initial each line acknowledging that training was received for each subject. |                                   |
|  | <i>[Signature]</i>  |                                   |
| Applicability/Definitions/Acronyms                 | <i>BP</i>   |                                   |
| Drug and Alcohol Testing                           | <i>BP</i>   |                                   |
| Pre-Employment Drug Testing                        | <i>BP</i>   |                                   |
| Post Accident Testing                              | <i>BP</i>   |                                   |
| Random Testing                                     | <i>BP</i>   |                                   |
| Selection & Notification                           | <i>BP</i>   |                                   |
| Reasonable Suspicion Testing                       | <i>BP</i>   |                                   |
| Subpart B Prohibitions                             | <i>BP</i>   |                                   |
| Drug & Alcohol Policy                              | <i>BP</i>   |                                   |
| Consequences for Engaging in Drug & Alcohol Use    | <i>BP</i>   |                                   |
| Commercial Driver's License                        | <i>BP</i>   |                                   |
| Vehicles that require a CDL/Endorsements           | <i>BP</i>   |                                   |
| Qualifications for Drivers                         | <i>BP</i>   |                                   |
| Entry Level Driver Training                        | <i>BP</i>   |                                   |
| Driver Qualification File                          | <i>BP</i>   |                                   |
| Multiple Employer Driver                           | <i>BP</i>   |                                   |
| Driver Operations                                  | <i>BP</i>   |                                   |
| Inspection and Use of Equipment                    | <i>BP</i>   |                                   |
| Pre-Trip Inspection                                | <i>BP</i>   |                                   |
| Accident Register                                  | <i>BP</i>   |                                   |

|  |    |
|--|----|
| Hours of Service                         | BP |
| Maximum Driving Times                    | BP |
| 34- Hour Restart                         | BP |
| Non-CDL Drivers Short-Haul Exception     | BP |
| 16-Hour Short Haul Exception             | BP |
| 100 Air Mile Radius Driver               | BP |
| Driver's Duty Status Record              | BP |
| Driver's Log Book Requirements           | BP |
| Inspection, Repair & Maintenance Records | BP |
| Driver Vehicle Inspection Report         | BP |
| Periodic Inspection                      | BP |
| Marking of Motor Vehicles                | BP |
| Equipment Leasing                        | BP |
| Safety Compliance Review (CR)            | BP |
| Rules and Tariff Training                | BP |
| Permits                                  | BP |
| Insurance                                | BP |
| Advertising                              | BP |
| Estimates                                | BP |
| Loss & Damage Protection (Valuation)     | BP |
| Bill of Lading                           | BP |
| Rates (Hourly-Rated Moves)               | BP |
| Rates (Mileage-Rated Moves)              | BP |
| Storage                                  | BP |
| Complaints and Claims                    | BP |
| Annual Reports & Regulatory Fees         | BP |