

**COMPANY** ALTA CALIFORNIA BUS LINE LLC

**STREET ADDRESS** 8684 AVENIDA DE LA FUENTE STE

**CITY, STATE AND ZIP CODE** SAN DIEGO, CALIFORNIA, 92154

**NAME** ANDRES ALEJANDRO ZARAGOZA CARRANZA

**DATE OF BIRTH** 8/5/1984

**SOCIAL SEC. NO.**

**TELEPHONE NUMBERS** 3335594380

**EMAIL** RAULRICO669@GMAIL.COM

**EACH ADDRESS FOR THE LAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED);**

**ADDRESS** ARTURO TOLENTINO #3361, GUADALAJARA, JALISCO, 44700

**HOW LONG?** 30 AÑOS

**ADDRESS**

**HOW LONG?**

**ADDRESS**

**HOW LONG?**

**EXPERIENCE AND QUALIFICATIONS (ATTACH SHEET IF MORE SPACE IS NEEDED);**

DRIVER LICENSES				
STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE
JAL	JAL0030394	A, B		7/20/2025

DRIVING				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE FROM TO		APPROXIMATE NUMBER OF MILES (TOTAL)
STRAIGHT TRUCK		1/24/2006	1/1/2020	50000
TRACTOR-SEMI TRAILER				
TRACTOR-MULTIPLE TRAILER				
OTHER - AUTOBUS		1/1/2020	6/2/2023	50000

ACCIDENTS			
DATES (LAST THREE YEARS) (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES			
LOCATION	DATE	CHARGE	PENALTY

NOTE: THIS FORM IS PROVIDED AS A SUGGESTED FORMAT FOR A COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT. A MOTOR CARRIER MAY USE ANY FORMAT FOR AN APPLICATION FOR EMPLOYMENT WHICH COMPLIES WITH 201.21.

**ADVERSE LICENSING ACTIONS:**

1. A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? **NO**
2. B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE BEEN SUSPENDED OR REVOKED? **NO**

EXPLAIN BELOW(OR ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED);

**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):**

NOTE: REQUIRES THAT YOU LIST YOUR EMPLOYMENT HISTORY' FOR AT LEAST THE LAST 3 YEARS AND YOUR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS:

<b>NAME:</b> PINO AZUL	<b>FROM:</b> 1/25/2023
<b>ADDRESS:</b> AUSTIN TEXAS 78752	<b>TO:</b> 6/1/2023
<b>POSITION HELD:</b> CHOEFR	<b>SALARY:</b> 5000 DLS MONTH
<b>INMEDIATE BOSS NAME:</b> I CHAVEZ	<b>PHONE:</b> 0000000000
<b>REASON FOR LEAVING:</b> MEJORAS	
<b>NAME:</b> RAPID CONECTION	<b>FROM:</b> 1/1/2020
<b>ADDRESS:</b> COL BUENA VISTA, TIJUANA BC	<b>TO:</b> 12/1/2022
<b>POSITION HELD:</b> CHOFER	<b>SALARY:</b> 20000 PESOS MONTH
<b>INMEDIATE BOSS NAME:</b> PAOLA	<b>PHONE:</b> 0000000000
<b>REASON FOR LEAVING:</b> SE TERMINO EL TRABAJO	
<b>NAME:</b> BALLARTA PLUS	<b>FROM:</b> 1/1/2006
<b>ADDRESS:</b> GUADALAJARA TLAQUEPAQUE	<b>TO:</b> 1/1/2020
<b>POSITION HELD:</b> CHOFER	<b>SALARY:</b> 15000 PESOS MONTH
<b>INMEDIATE BOSS NAME:</b> JULIO BLAS	<b>PHONE:</b> 0000000000
<b>REASON FOR LEAVING:</b> CAMBIO DE DOMICILIO	
<b>NAME:</b>	<b>FROM:</b>
<b>ADDRESS:</b>	<b>TO:</b>
<b>POSITION HELD:</b>	<b>SALARY:</b> MONTH
<b>INMEDIATE BOSS NAME:</b>	<b>PHONE:</b>
<b>REASON FOR LEAVING:</b>	

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE  
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

6/2/2023

DATE

(APPLICANT'S SIGNATURE)



**PART 3:****TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

IF DRIVER WAS NOT SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS WHILE EMPLOYED BY THIS EMPLOYER, PLEASE CHECK HERE , FILL IN THE DATES OF EMPLOYMENT FROM 1/25/2023 TO 6/1/2023 COMPLETE BOTTOM OF PART 3. SIGN, AND RETURN.

DRIVER WAS SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS FROM 1/25/2023 TO 6/1/2023

1. HAS THIS PERSON HAD AN ALCOHOL TEST WITH THE RESULT OF 0.04 OR HIGHER ALCOHOL CONCENTRATION?  
YES  NO
2. HAS THIS PERSON TESTED POSITIVE OR ADULTERATED OR SUBSTITUTED A TEST SPECIMEN FOR CONTROLLED SUBSTANCES?  
YES  NO
3. HAS THIS PERSON REFUSED TO SUBMIT TO A POST-ACCIDENT, RANDOM, REASONABLE SUSPICION, OR FOLLOW-UP ALCOHOL OR CONTROLLED SUBSTANCE TEST?  
YES  NO
4. HAS THIS PERSON COMMITTED OTHER VIOLATIONS OF SUBPART B OF PART 382, OR PART 40?  
YES  NO
5. IF THIS PERSON HAS VIOLATED A DOT DRUG AND ALCOHOL REGULATION, DID THIS PERSON COMPLETE A SAP-PRESCRIBED REHABILITATION PROGRAM IN YOUR EMPLOY, INCLUDING RETURN-TO-DUTY AND FOLLOW-UP TESTS? IF YES, PLEASE SEND DOCUMENTATION BACK WITH THIS FORM.  
YES  NO
6. FOR A DRIVER WHO SUCCESSFULLY COMPLETED A SAP'S REHABILITATION REFERRAL AND REMAINED IN YOUR EMPLOY, DID THIS DRIVER SUBSEQUENTLY HAVE AN ALCOHOL TEST RESULT OF 0.04 OR GREATER, A VERIFIED POSITIVE DRUG TEST, OR REFUSE TO BE TESTED?  
YES  NO

IN ANSWERING THESE QUESTIONS, INCLUDE ANY REQUIRED DOT DRUG OR ALCOHOL TESTING INFORMATION OBTAINED FROM PRIOR PREVIOUS EMPLOYERS IN THE PREVIOUS 3 YEARS PRIOR TO THE APPLICATION DATE SHOWN ON PAGE 1.

**NAME:** ANDRES ALEJANDRO ZARAGOZA

**COMPANY:** PINO AZUL

**ADDRESS:** AUSTIN TEXAS 78752

**TELEPHONE:** 0000000000

**PART 3 COMPLETED BY (SIGNATURE):**

**DATE:** 6/2/2023

**PART 4A:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

THIS FORM WAS (CHECK ONE)

FAXED TO PREVIOUS EMPLOYER

MAILED

EMAILED

OTHER

BY:

DATE: CONTENT

**PART 4B:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

COMPLETE BELOW WHEN INFORMATION IS OBTAINED.

**INFORMATION RECEIVED FROM:**

**RECORDED BY:**

**METHOD:**  FAX

MAIL

EMAIL

TELEPHONE

**DATE:**

OTHER:

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST****PAGE 1 PART 1:PROSPECTIVE EMPLOYEE**

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- SUBMIT TO THE PROSPECTIVE EMPLOYER

**PAGE 2 PART 4A:PROSPECTIVE EMPLOYEE**

- COMPLETE THE INFORMATION
- SEND TO PREVIOUS EMPLOYER

**PAGE 1 PART 2:PREVIOUS EMPLOYER**

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- TURN FORM OVER TO COMPLETE SIDE 2 SECTION 3

**PAGE 2 PART 3:PREVIOUS EMPLOYER**

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- RETURN TO PROSPECTIVE EMPLOYER

**PAGE 2 PART 4B:PROSPECTIVE EMPLOYER**

- RECORD RECEIPT OF THE INFORMATION
- RETAIN THE FORM

## REQUEST FOR DRIVING RECORD

ANDRES ALEJANDRO ZARAGOZA

(DRIVER'S NAME)

JAL0030394

(DRIVER'S OPERATORS LICENSE  
NUMBER)

(DRIVER'S SOCIAL SECURITY NUMBER)

DEAR

:

THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION WITH US FOR EMPLOYMENT AS A DRIVER. APPLICANT HAS INDICATED THAT THE ABOVE NUMBERED OPERATOR'S LICENSE OR PERMIT HAS BEEN ISSUED BY YOUR STATE TO APPLICANT, AND THAT IT IS IN GOOD STANDING.

IN ACCORDANCE WITH 49 C.F.R. 391.23(A)(1) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, WE ARE REQUIRED TO MAKE AN INQUIRY INTO THE APPLICANT'S DRIVING RECORD DURING THE PRECEDING 3 YEARS OF EVERY STATE IN WHICH THE APPLICANT HAS HELD A MOTOR VEHICLE OPERATOR'S LICENSE OR PERMIT DURING THOSE 3 YEARS.

THEREFORE, PLEASE CERTIFY TO US WHAT THE INDIVIDUAL'S DRIVING RECORD IS FOR THE PRECEDING 3 YEARS, OR CERTIFY THAT NO SUCH RECORD EXISTS IF THAT BE THE CASE.

IN THE EVENT THIS LETTER DOES NOT SATISFY YOUR REQUIREMENTS FOR MAKING SUCH INQUIRIES, PLEASE SEND US INSTRUCTIONS AND FORMS OF YOURS AS ARE NECESSARY FOR US TO COMPLETE OUR INQUIRY INTO THE DRIVING RECORD OF THIS APPLICANT.

RESPECTFULLY YOURS,

SIGNATURE OF INDIVIDUAL MAKING THIS INQUIRY

CARLOS VEGA

PRINTED NAME OF PERSON MAKING THIS INQUIRY

MANAGER

TITLE OF PERSON MAKING THIS INQUIRY

ALTA CALIFORNIA BUS LINE LLC

NAME OF MOTOR CARRIER

6192728526

PHONE NUMBER

FAX NUMBER

8684 AVENIDA DE LA FUENTE STE  
MAILING ADDRESS

SAN DIEGO  
CITY

CALIFORNIA  
STATE

92154  
ZIP CODE

NOTE: THIS FORM IS PROVIDED AS A SUGGESTED FORMAT FOR REQUESTING A DRIVING RECORD FROM A JURISDICTION OTHER THAN TEXAS. NO FORMAT IS PRESCRIBED, AND EACH JURISDICTION MAY HAVE ITS OWN FORM.

# DRIVER'S ROAD TEST EXAMINATION

DRIVER'S NAME	ANDRES ALEJANDRO ZARAGOZA	PHONE NUMBER	3335594380
DRIVER'S ADDRESS	ARTURO TOLENTINO		
CITY	GUADALAJARA	STATE	JALISCO
			ZIP CODE
			44700

THE ROAD TEST SHALL BE GIVEN BY THE MOTOR CARRIER OR A PERSON DESIGNATED BY THE MOTOR CARRIER. HOWEVER, A DRIVER WHO IS A MOTOR CARRIER MUST BE GIVEN THE TEST BY ANOTHER PERSON. THE TEST SHALL BE GIVEN BY A PERSON WHO IS COMPETENT TO EVALUATE AND DETERMINE WHETHER THE PERSON WHO TAKES THE TEST HAS DEMONSTRATED THAT HE OR SHE IS CAPABLE OF OPERATING THE VEHICLE AND ASSOCIATED EQUIPMENT THAT THE MOTOR CARRIER INTENDS TO ASSIGN.

<u>RATING OF PERFORMANCE</u>	<u>TASK (AS REQUIRED BY 49 C.F.R. 391.31)</u>
N/A	THE PRE-TRIP INSPECTION (AS REQUIRED BY 49 C.F.R. 392.7)
N/A	COUPLING AND UNCOUPLING OF COMBINATION UNITS, IF THE EQUIPMENT HE/SHE MAY DRIVE INCLUDES COMBINATION UNITS
N/A	PLACING THE COMMERCIAL MOTOR VEHICLE IN OPERATION
N/A	USE OF THE COMMERCIAL MOTOR VEHICLE'S CONTROLS AND EMERGENCY EQUIPMENT
N/A	OPERATING THE COMMERCIAL MOTOR VEHICLE IN TRAFFIC AND WHILE PASSING OTHER VEHICLES
N/A	TURNING THE COMMERCIAL MOTOR VEHICLE
N/A	BRAKING, AND SLOWING THE COMMERCIAL MOTOR VEHICLE BY MEANS OTHER THAN BRAKING
N/A	BACKING AND PARKING THE COMMERCIAL MOTOR VEHICLE
NO	OTHER, PLEASE EXPLAIN: _____

**TYPE OF EQUIPMENT USED IN GIVING THE ROAD TEST:** \_\_\_\_\_

DATE	EXAMINER'S SIGNATURE
EXAMINER'S TITLE	EXAMINER'S PRINTED NAME

IF THE ROAD TEST IS SUCCESSFULLY COMPLETED, THE PERSON WHO GAVE IT SHALL COMPLETE A CERTIFICATE OF DRIVER'S ROAD TEST.

**EXAMINER'S REMARKS:** \_\_\_\_\_

**NOTE: THIS FORM IS PROVIDED AS A SUGGESTED FORMAT FOR RECORDING A DRIVER'S ROAD TEST. A MOTOR CARRIER MAY USE ANY FORMAT FOR DOCUMENTING ROAD TESTS WHICH COMPLIES WITH 391.31.**

INSTRUCTIONS: IF A ROAD TEST IS SUCCESSFULLY COMPLETED (SEE PREVIOUS FORM), THE PERSON WHO GAVE IT SHALL COMPLETE A CERTIFICATE OF DRIVER'S ROAD TEST. THE ORIGINAL OR A COPY MUST BE RETAINED IN THE EMPLOYING MOTOR CARRIER'S DRIVER QUALIFICATION FILE FOR THE PERSON EXAMINED. A COPY SHOULD BE GIVEN TO THE PERSON WHO WAS EXAMINED.

## CERTIFICATION OF ROAD TEST UNDER 49 C.F.R. 391.31

DRIVER'S NAME ANDRES ALEJANDRO ZARAGOZA

SOCIAL SECURITY NO. \_\_\_\_\_

OPERATOR'S OR CHAUFFEUR'S LICENSE NO. JAL0030394 STATE JALISCO

TYPE OF POWER UNIT \_\_\_\_\_

TYPE OF TRAILER(S) \_\_\_\_\_

IF PASSENGER CARRIER, TYPE OF BUS \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE-NAMED DRIVER WAS GIVEN A ROAD TEST UNDER MY SUPERVISION ON \_\_\_\_\_, CONSISTING OF APPROXIMATELY MILES OF DRIVING.

IT IS MY CONSIDERED OPINION THAT THIS DRIVER POSSESSES SUFFICIENT DRIVING SKILLS TO OPERATE SAFELY THE TYPE OF COMMERCIAL MOTOR VEHICLE LISTED ABOVE.

\_\_\_\_\_  
(SIGNATURE OF EXAMINER)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
ALTA CALIFORNIA BUS LINE LLC - 8684 AVENIDA DE LA FUENTE STE 5F, SAN DIEGO, CALIFORNIA, 92154  
(ORGANIZATION AND ADDRESS OF EXAMINER)

NOTE: THIS FORM IS PROVIDED AS A SUGGESTED FORMAT FOR CERTIFYING A DRIVER'S ROAD TEST. A MOTOR CARRIER MAY USE ANY FORMAT FOR CERTIFYING ROAD TESTS WHICH COMPLIES WITH 391.31.

## DRIVER PROFICIENCY (CAC 13, 1229) AND AUTHORIZED VEHICLES (CAC 12, 1234 (B))

ZARAGOZA ANDRES ALEJANDRO

DRIVER'S NAME

HAS DEMONSTRATED TO ME

CARLOS VEGA - MANAGER

NAME & TITLE

THAT HE/SHE CAN SAFELY OPERATE THE BELOW NAMED VEHICLES/EQUIPMENT AS WAS TRAINED FOR THE FOLLOWING:

STRAIGHT TRUCK

INFORMED ON WHO TO REPORT SAFETY CONCERNS  
TO

TRACTOR & TRAILER COMBINATION

TRAINED ON HOW TO SECURE A LOAD. TIEDOWN  
PROCEDURE

TANK VEHICLE

TRAINED ON SPOTTING AN IMPROPERLY LOADED  
VEHICLE

VEHICLES 10,000 POUNDS TO 26,000 POUNDS GVWR

TRAINED ON SAFE USE OF MIRRORS & BLIND SPOIS

VEHICLES 26,001 POUNDS AND MORE GVWR

STANDARD SHIFT TRANSMISSION

PROPERLY HOOK UP A TRAILER

AUTOMATIC TRANSMISSION ONLY

SAFELY OPERATE A DUMP VEHICLE

AIR BRAKES ENDORSEMENT

TRAINED TO PERFORM A WALK AROUND INSPECTION

HAZARDOUS MATERIALS ENDORSEMENT

OTHER

AUTOBUS

EMPLOYEE SIGNATURE

DATE 6/2/2023

A LONG FORM MEDICAL EXAMINATION REPORTS IS  
REQUIRED  
COPY OF MEDICAL EXAMINER'S CERTIFICATE HERE

### INTERNAL INSTRUCTIONS:

DISPATCH DEPT:

ALL NEW HIRES MUST BE DIRECTED TO THE EQUIPMENT MANAGER, WITH THIS FORM, FOR  
COMPLETION OF THE DRIVER PROFICIENCY PROCESS

EQUIPMENT DEPT:

PROCESS COMPLETED COPY OF THIS FORM TO PAYROLL FOR RECORDKEEPING

**GENERAL CONSENT FOR LIMITED QUERIES OF  
THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)  
DRUG AND ALCOHOL CLEARINGHOUSE**

I **ANDRES ALEJANDRO ZARAGOZA CARRANZA** HEREBY PROVIDE CONSENT TO **ALTA CALIFORNIA BUS LINE LLC** TO CONDUCT A LIMITED QUERY OF THE FMCSA COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE **JAL0030394** TO DETERMINE WHETHER DRUG OR ALCOHOL VIOLATION INFORMATION ABOUT ME EXISTS IN THE CLEARINGHOUSE.

I UNDERSTAND THAT IF THE LIMITED QUERY CONDUCTED BY **ALTA CALIFORNIA BUS LINE LLC** INDICATES THAT DRUG OR ALCOHOL VIOLATION INFORMATION ABOUT ME EXISTS IN THE CLEARINGHOUSE, FMCSA WILL NOT DISCLOSE THAT INFORMATION TO (COMPANY) WITHOUT FIRST OBTAINING ADDITIONAL SPECIFIC CONSENT FROM ME.

I FURTHER UNDERSTAND THAT IF I REFUSE TO PROVIDE CONSENT FOR **ALTA CALIFORNIA BUS LINE LLC** TO CONDUCT A LIMITED QUERY OF THE CLEARINGHOUSE, **ALTA CALIFORNIA BUS LINE LLC** MUST PROHIBIT ME FROM PERFORMING SAFETY-SENSITIVE FUNCTIONS, INCLUDING DRIVING A COMMERCIAL MOTOR VEHICLE, AS REQUIRED BY FMCSA'S DRUG AND ALCOHOL PROGRAM REGULATIONS.

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EMPLOYEE SIGNATURE

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11/7/2023

DATE

## **CERTIFICATE OF RECEIPT OF ALTA CALIFORNIA BUS LINE LLC DRUG AND ALCOHOL POLICY FOR DOT REGULATED DRIVERS.**

I CERTIFY THAT I AM IN RECEIPT OF, HAVE READ, AND DO UNDERSTAND **ALTA CALIFORNIA BUS LINE LLC** POLICIES, PROCEDURES, AND EDUCATIONAL MATERIALS REGARDING SUBSTANCE-ABUSE PREVENTION AND SUBSTANCE-ABUSE TESTING, AS REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION.

SPECIFICALLY, I CERTIFY HAVE RECEIVED DETAILED INFORMATION SETTING FORTH: (1) THE IDENTIFY OF THE PERSON DESIGNATED TO ANSWER QUESTIONS ABOUT THE COMPANY'S DRUG AND ALCOHOL POLICY FOR DOT-REGULATED DRIVERS ("POLICY"); (2) WHO IS COVERED BY THE REGULATIONS; (3) WHAT IS MEANT BY "SAFETY-SENSITIVE FUNCTIONS" SO THAT I UNDERSTAND WHAT PERIOD OF THE WORKDAY I AM REQUIRED TO BE IN COMPLIANCE WITH THE REGULATIONS; (4) WHAT IS PROHIBITED BY THE REGULATIONS AND BY THE COMPANY'S POLICY; (5) THE CIRCUMSTANCES UNDER WHICH I WILL BE TESTED; (6) THE PROCEDURES FOR TESTING; (7) THE REQUIREMENT THAT I SUBMIT TO TESTING AS REQUIRED BY THE REGULATIONS; (8) AN EXPLANATION OF WHAT CONSTITUTES A REFUSAL TO-TEST, AND THE CONSEQUENCES FOR REFUSING TO SUBMIT TO TESTING; (9) THE CONSEQUENCES UNDER THE REGULATIONS AND THE CONSEQUENCES AS A MATTER OF COMPANY POLICY IF I VIOLATE THE REGULATIONS AND/OR TEST POSITIVE; (10) THE CONSEQUENCES IF I TEST POSITIVE FOR ALCOHOL AT THE LEVEL OF .02 OR GREATER; AND (11) INFORMATION CONCERNING THE EFFECTS OF ALCOHOL AND DRUG ABUSE ON MY HEALTH, WORK, AND PERSONAL LIFE, AND SIGNS AND SYMPTOMS OF ALCOHOL OR DRUG PROBLEMS. I UNDERSTAND THAT IF I AM CONCERNED ABOUT MY USE OF ALCOHOL OR CONTROLLED SUBSTANCES, OR THE USE OF ALCOHOL OR CONTROLLED SUBSTANCES BY A CO-WORKER, I CAN AND SHOULD SEEK ASSISTANCE FROM THE COMPANY'S OR FROM AN APPROPRIATE ASSISTANCE PROGRAM IN MY COMMUNITY.

I UNDERSTAND THAT I MAY HAVE A COPY OF THIS CERTIFICATE OF RECEIPT IF I SO REQUEST.

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6/2/2023

DATE

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DRIVER'S SIGNATURE

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ANDRES ALEJANDRO ZARAGOZA CARRANZA

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DRIVER'S PRINTED NAME