

COMPANY TRAVALEX SA DE CV

STREET ADDRESS VIA RAPIDA ORIENTE, ZONA URBANA RIO TIJUANA B/

CITY, STATE AND ZIP CODE TIJUANA, BAJA CALIFORNIA, 22010

NAME DAVID ALBERTO HERNANDEZ AREVALO

DATE OF BIRTH 4/17/1990

SOCIAL SEC. NO.

TELEPHONE NUMBERS 6645909012

EMAIL HERNANDEZ.DAVID2477@GMAIL.COM

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

ADDRESS CIRCUITO LOS LIMONES #26007 COL EL REFUGIO, TIJUANA, BAJA CALIFORNIA, 22253

HOW LONG? 2 AÑOS

ADDRESS PRIV SALINA CRUZ #26326 34 FRACC EL LAUREL, TIJUANA, BAJA CALIFORNIA, 22253

HOW LONG? 4 AÑOS

ADDRESS

HOW LONG?

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

DRIVER LICENSES				
STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE
BCN	BCN0222234	B		7/27/2027

DRIVING				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE FROM TO		APPROXIMATE NUMBER OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR-SEMI TRAILER		7/26/2019	1/24/2024	4500
TRACTOR-MULTIPLE TRAILER				
OTHER				

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:

NAME: TRAVALEX	FROM: 12/7/2020
ADDRESS: TIJUANA BC	TO:
POSITION HELD: CHOFER	SALARY: 25000 PESOS MONTH
INMEDIATE BOSS NAME: FRANCISCO RAMOS VENEGAS	PHONE: 6643745145
REASON FOR LEAVING: VIGENTE	
NAME: PREVINIENDO SC	FROM: 1/24/2019
ADDRESS: TIJUANA BC	TO: 12/7/2020
POSITION HELD: CHOFER	SALARY: 10000 PESOS MONTH
INMEDIATE BOSS NAME: JOSE	PHONE: 0000000000
REASON FOR LEAVING: MEJORAS	
NAME: CANELS SA DE CV	FROM: 12/1/2017
ADDRESS: TIJUANA BC	TO: 1/24/2019
POSITION HELD: CHOFER	SALARY: 9000 PESOS MONTH
INMEDIATE BOSS NAME: JORGE DE ANDA	PHONE: 0000000000
REASON FOR LEAVING: MEJORAS	
NAME: ABARROTERAS AGUAYO	FROM: 11/1/2015
ADDRESS: OTAY TIJUANA BC	TO: 12/1/2017
POSITION HELD: CHOFER	SALARY: 10000 PESOS MONTH
INMEDIATE BOSS NAME: AGUSTIN	PHONE: 0000000000
REASON FOR LEAVING: MEJORAS	

**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.

1/24/2024

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 12/7/2020 TO COMPLETE BOTTOM OF PART 3. SIGN, AND RETURN.

DRIVER WAS SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS FROM 12/7/2020 TO

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: DAVID ALBERTO HERNANDEZ

COMPANY: TRAVALEX

ADDRESS: TIJUANA BC

TELEPHONE: 6643745145

PART 3 COMPLETED BY (SIGNATURE):

DATE: 1/24/2024

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

DAVID ALBERTO HERNANDEZ

(DRIVER'S NAME)

BCN0222234

(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

FRANCISCO RAMOS VENEGAS

PRINTED NAME OF PERSON MAKING THIS INQUIRY

MANAGER

TITLE OF PERSON MAKING THIS INQUIRY

TRAVALEX SA DE CV

NAME OF MOTOR CARRIER

6196626049

PHONE NUMBER

FAX NUMBER

VIA RAPIDA ORIENTE, ZONA

URBANA RIO TIJUANA BA

MAILING ADDRESS

TIJUANA

CITY

BAJA

CALIFORNIA

22010

ZIP CODE

STATE

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	DAVID ALBERTO HERNANDEZ	PHONE NUMBER	6645909012
DRIVER'S ADDRESS	CIRCUITO LOS LIMONES		
CITY	TIJUANA	STATE	BAJA CALIFORNIA
		ZIP CODE	22253

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 DAVID ALBERTO HERNANDEZ

SOCIAL SECURITY NO. _____

OPERATOR'S OR CHAUFFEUR'S LICENSE NO. BCN0222234 STATE BAJA CALIFORNIA

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)

TRAVALEX SA DE CV - VIA RAPIDA ORIENTE, ZONA URBANA RIO TIJUANA BA 39-C, TIJUANA, BAJA CALIFORNIA,
22010

(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))

HERNANDEZ DAVID ALBERTO

DRIVER'S NAME

HAS DEMONSTRATED TO ME

FRANCISCO RAMOS VENEGAS - 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 SPOTS

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

RABON

EMPLOYEE SIGNATURE

DATE

1/24/2024



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 **DAVID ALBERTO HERNANDEZ AREVALO** HEREBY PROVIDE CONSENT TO **TRAVALEX SA DE CV** TO CONDUCT A LIMITED QUERY OF THE FMCSA COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE **BCN0222234** TO DETERMINE WHETHER DRUG OR ALCOHOL VIOLATION INFORMATION ABOUT ME EXISTS IN THE CLEARINGHOUSE.

I UNDERSTAND THAT IF THE LIMITED QUERY CONDUCTED BY **TRAVALEX SA DE CV** 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 **TRAVALEX SA DE CV** TO CONDUCT A LIMITED QUERY OF THE CLEARINGHOUSE, **TRAVALEX SA DE CV** MUST PROHIBIT ME FROM PERFORMING SAFETY-SENSITIVE FUNCTIONS, INCLUDING DRIVING A COMMERCIAL MOTOR VEHICLE, AS REQUIRED BY FMCSA'S DRUG AND ALCOHOL PROGRAM REGULATIONS.

EMPLOYEE SIGNATURE

1/8/2026
DATE

CERTIFICATE OF RECEIPT OF TRAVALEX SA DE CV DRUG AND ALCOHOL POLICY FOR DOT REGULATED DRIVERS.

I CERTIFY THAT I AM IN RECEIPT OF, HAVE READ, AND DO UNDERSTAND **TRAVALEX SA DE CV** 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.

1/24/2024

DATE

DRIVER'S SIGNATURE

DAVID ALBERTO HERNANDEZ AREVALO

DRIVER'S PRINTED NAME