

COMPANY

4-D LOGISTICS INC

STREET ADDRESS

2350 OTAY CENTER DR

CITY, STATE AND ZIP CODE

SAN DIEGO, CALIFORNIA, 92154

NAME

MIGUEL ANGEL PENA FRANCO

DATE OF BIRTH

SOCIAL SEC. NO.

TELEPHONE NUMBERS

EMAIL

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

ADDRESS

HOW LONG?

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 |
|                 |                |       |              |                 |
|                 |                |       |              |                 |
|                 |                |       |              |                 |

| DRIVING                  |                                          |  |              |                                     |
|--------------------------|------------------------------------------|--|--------------|-------------------------------------|
| CLASS OF EQUIPMENT       | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC) |  | DATE FROM TO | APPROXIMATE NUMBER OF MILES (TOTAL) |
| STRAIGHT TRUCK           |                                          |  |              |                                     |
| TRACTOR-SEMI TRAILER     |                                          |  |              |                                     |
| TRACTOR-MULTIPLE TRAILER |                                          |  |              |                                     |
| OTHER                    |                                          |  |              |                                     |

| ACCIDENTS                                            |                                                    |            |          |
|------------------------------------------------------|----------------------------------------------------|------------|----------|
| DATES (LAST THREE YEARS)<br>(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: FROM:

ADDRESS: TO:

POSITION HELD: SALARY: MONTH

INMEDIATE BOSS NAME: PHONE:

REASON FOR LEAVING:

NAME: FROM:

ADDRESS: TO:

POSITION HELD: SALARY: MONTH

INMEDIATE BOSS NAME: PHONE:

REASON FOR LEAVING:

NAME: FROM:

ADDRESS: TO:

POSITION HELD: SALARY: MONTH

INMEDIATE BOSS NAME: PHONE:

REASON FOR LEAVING:

NAME: FROM:

ADDRESS: TO:

POSITION HELD: SALARY: MONTH

INMEDIATE BOSS NAME: PHONE:

REASON FOR LEAVING:

### 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 FT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

7/8/2023

DATE

(APPLICANT'S SIGNATURE)

REQUEST FOR EMPLOYMENT INFORMATION FROM PREVIOUS EMPLOYER

PREVIOUS EMPLOYER:

ADDRESS:

SECTION 1 PROSPECTIVE EMPLOYER:

MAIL: RIOSDIANA4@AOL.COM

TELEPHONE: 6199420801

SECTION 2 PROSPECTIVE EMPLOYEE:

PREVIOUS EMPLOYER NAME:

ADDRESS:

PROSPECTIVE EMPLOYEES NAME: MIGUEL ANGEL PENA

HAS MADE APPLICATION TO THIS COMPANY FOR

A POSITION AS A DRIVER AND STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A (POSITION): DRIVER FROM (STARTING DATE):

TO (TERMINATION DATE): PROSPECTIVE EMPLOYEES SIGNATURE:

YOU ARE HEREBY AUTHORIZED TO GIVE TO **YOU COMPANY NAME** ALL INFORMATION REGARDING MY SERVICES, CHARACTER, AND CONDUCT WHILE

IN YOUR EMPLOY AND YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE

ABOVE NAME COMPANY.

SECTION 3 PREVIOUS EMPLOYER:

1. IS THE EMPLOYMENT RECORD WITH YOUR COMPANY CORRECT AS STATED ABOVE?

2. WHAT KIND OF WORK DID THE APPLICANT DO? NO DATA

3. DID THE APPLICANT DRIVE MOTOR VEHICLES FOR YOU? STRAIGHT TRUCK BUS TRACTOR-TRAILER

4. WAS THE APPLICANT SAFE AND EFFICIENT DRIVER?

5. GIVE THE DATES OF VEHICLES ACCIDENTS IN WHICH HE/SHE WAS INVOLVED. N/A

6. REASON FOR LEAVING YOUR EMPLOY: DISCHARGED JOB ABANDONMENT RESIGNED

7. WAS THE APPLICANT'S GENERAL CONDUCT SATISFACTORY?

8. IS THE APPLICANT COMPETENT FOR THE POSITION SOUGHT?

9. DID THE APPLICANT DRINK ANY ALCOHOLIC BEVERAGE WHILE ON DUTY?

|                         | EXCELLENT                | GOOD                     | FAIR                     | POOR                     | VERY POOR                |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| QUALITY OF WORK         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COOPERATION WITH OTHERS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAFETY HABITS           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PERSONAL HABITS         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DRIVING SKILL           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ATTITUDE                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS:

REVIEWER NAME:

REVIEWER JOB POSITION:

DATE: 7/8/2023

SIGNATURE:

|                |                                             |
|----------------|---------------------------------------------|
| <b>PART 3:</b> | <b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b> |
|----------------|---------------------------------------------|

**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 \_\_\_ TO \_\_\_ COMPLETE BOTTOM OF PART 3. SIGN, AND RETURN.

DRIVER WAS SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS FROM \_\_\_ 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:** MIGUEL ANGEL PENA \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**PART 3 COMPLETED BY (SIGNATURE):** \_\_\_\_\_ **DATE:** 7/8/2023

|                 |                                                |
|-----------------|------------------------------------------------|
| <b>PART 4A:</b> | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
|-----------------|------------------------------------------------|

THIS FORM WAS (CHECK ONE)      FAXED TO PREVIOUS EMPLOYER ☐      MAILED ☐      EMAILED ☐      **OTHER** \_\_\_\_\_

**BY:** \_\_\_\_\_ **DATE:** CONTENT \_\_\_\_\_

|                 |                                                |
|-----------------|------------------------------------------------|
| <b>PART 4B:</b> | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
|-----------------|------------------------------------------------|

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

MIGUEL ANGEL PENA

(DRIVER'S NAME)

(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

\_\_\_\_\_  
PRINTED NAME OF PERSON MAKING THIS INQUIRY

\_\_\_\_\_  
TITLE OF PERSON MAKING THIS INQUIRY

\_\_\_\_\_  
4-D LOGISTICS INC

\_\_\_\_\_  
NAME OF MOTOR CARRIER

\_\_\_\_\_  
6199420801

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
2350 OTAY CENTER DR

\_\_\_\_\_  
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 \_\_\_\_\_ MIGUEL ANGEL PENIA \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
DRIVER'S ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

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

OPERATOR'S OR CHAUFFEUR'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

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)

4-D LOGISTICS INC - 2350 OTAY CENTER DR S/N, 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))**

|                   |                        |              |
|-------------------|------------------------|--------------|
| PENA MIGUEL ANGEL | HAS DEMONSTRATED TO ME | -            |
| DRIVER'S NAME     |                        | NAME & TITLE |

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

- |                                                                       |                                                                             |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> STRAIGHT TRUCK                               | <input type="checkbox"/> INFORMED ON WHO TO REPORT SAFETY CONCERNS TO       |
| <input type="checkbox"/> TRACTOR & TRAILER COMBINATION                | <input type="checkbox"/> TRAINED ON HOW TO SECURE A LOAD. TIEDOWN PROCEDURE |
| <input type="checkbox"/> TANK VEHICLE                                 | <input type="checkbox"/> TRAINED ON SPOTTING AN IMPROPERLY LOADED VEHICLE   |
| <input type="checkbox"/> VEHICLES 10,000 POUNDS TO 26,000 POUNDS GVWR | <input type="checkbox"/> TRAINED ON SAFE USE OF MIRRORS & BLIND SPOIS       |
| <input type="checkbox"/> VEHICLES 26,001 POUNDS AND MORE GVWR         | <input type="checkbox"/> STANDARD SHIFT TRANSMISSION                        |
| <input type="checkbox"/> PROPERLY HOOK UP A TRAILER                   | <input type="checkbox"/> AUTOMATIC TRANSMISSION ONLY                        |
| <input type="checkbox"/> SAFELY OPERATE A DUMP VEHICLE                | <input type="checkbox"/> AIR BRAKES ENDORSEMENT                             |
| <input type="checkbox"/> TRAINED TO PERFORM A WALK AROUND INSPECTION  | <input type="checkbox"/> HAZARDOUS MATERIALS ENDORSEMENT                    |
| <input type="checkbox"/> OTHER                                        |                                                                             |

|                    |      |          |
|--------------------|------|----------|
| EMPLOYEE SIGNATURE | DATE | 7/8/2023 |
|--------------------|------|----------|

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 **MIGUEL ANGEL PENA FRANCO** HEREBY PROVIDE CONSENT TO **4-D LOGISTICS INC** TO CONDUCT A LIMITED QUERY OF THE FMCSA COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE TO DETERMINE WHETHER DRUG OR ALCOHOL VIOLATION INFORMATION ABOUT ME EXISTS IN THE CLEARINGHOUSE.

I UNDERSTAND THAT IF THE LIMITED QUERY CONDUCTED BY **4-D LOGISTICS INC** 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 **4-D LOGISTICS INC** TO CONDUCT A LIMITED QUERY OF THE CLEARINGHOUSE, **4-D LOGISTICS INC** 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

\_\_\_\_\_  
DATE

## CERTIFICATE OF RECEIPT OF 4-D LOGISTICS INC DRUG AND ALCOHOL POLICY FOR DOT REGULATED DRIVERS.

I CERTIFY THAT I AM IN RECEIPT OF, HAVE READ, AND DO UNDERSTAND **4-D LOGISTICS INC** 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.

7/8/2023

DATE

DRIVER'S SIGNATURE

MIGUEL ANGEL PENA FRANCO

DRIVER'S PRINTED NAME