

COMPANY

LEYDI TRUCKING

STREET ADDRESS

73625 SANTA ROSA WAY

CITY, STATE AND ZIP CODE

PALM DESERT, CALIFORNIA, 92260

NAME

ESPIRIDION IBARRA ARMENTA

DATE OF BIRTH

7/9/1970

SOCIAL SEC. NO.

TELEPHONE NUMBERS

6673360555

EMAIL

ESPIRIDIONIBARRA75@GMAIL.COM

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

ADDRESS

C SAN REMO PORTICOS DE SAN ANTONIO #10901 53, TIJUANA , BAJA CALIFORNIA, 22666

HOW LONG?

15 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
BCN	BCN0211685	B INT E INT		4/7/2027

DRIVING				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE FROM TO		APPROXIMATE NUMBER OF MILES (TOTAL)
STRAIGHT TRUCK		8/26/2004	11/5/2021	1000000
TRACTOR-SEMI TRAILER				
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 FORFETURES			
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: ASOCIACION DE AGRICOLTORES DEL RIO SAN LORENZO **FROM:** 4/1/2024

ADDRESS: DESIDERIO OCHOA NO. 34 CUALIACAN SINALOA **TO:** 4/1/2015

POSITION HELD: CHOFER **SALARY:** 16000 MXN MONTH

IMMEDIATE BOSS NAME: ROSA ISELA NEVAREZ SOTO **PHONE:** 7265107

REASON FOR LEAVING: EBN BUSCA DE UNA MEJOR OPORTUNIDAD

NAME: UBER **FROM:** 12/1/2021

ADDRESS: C SAN REMO PORTICOS DE SAN ANTONIO 10901 53 TIJUANA **TO:** 6/15/2025

POSITION HELD: CHOFER **SALARY:** 20000 MXN MONTH

IMMEDIATE BOSS NAME: ESPIRIDION IBARRA **PHONE:** 6673360555

REASON FOR LEAVING: SE ME DAÑO EL CARRO

NAME: TRANSPORTES TERRESTRES VALDEZ SA DE CV **FROM:** 11/21/2020

ADDRESS: C CAMINO VECINAL 10202 COL CUENCA LECHERA TIJUANA BC **TO:** 11/5/2021

POSITION HELD: CHOFER **SALARY:** 4000 USD MONTH

IMMEDIATE BOSS NAME: FELIPE VALDEZ **PHONE:** 6646475133

REASON FOR LEAVING: POR DIFERENCIA DE OPINIONES CON LA DESPACHADORA

NAME: VIKINGOS LOGISTICS CORP **FROM:** 8/1/2019

ADDRESS: 1340 IMPERIAL BEACH BLV 205-C IMPERIAL BEACH CA 91932 **TO:** 5/30/2020

POSITION HELD: CHOFER **SALARY:** 5600 USD MONTH

IMMEDIATE BOSS NAME: MARIA ESPERANZA GALAVIZ RIVERA **PHONE:** 6641806607

REASON FOR LEAVING: POR DIFERENCIA DE OPINIONES

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.

IBARRA

9/19/2025

DATE

(APPLICANT'S SIGNATURE)

EMPLOYMENT RECORD (ADDITIONAL JOBS):

NAME: SANTI TRUCKING	FROM: 7/30/2018
ADDRESS: CARRETERA AEROPUERTO S/N TIJUANA	TO: 7/30/2019
POSITION HELD: CHOFRER	SALARY: 3600 USD MONTH
INMEDIATE BOSS NAME: MARTA SAGUN	PHONE: 0000000000
REASON FOR LEAVING: DIFERENCIA DE OPINIONES	

NAME: CUSTOMS HOUSE BROKERAGE	FROM: 11/27/2017
ADDRESS: BELLAS ARTES NUM. 19213 COL NUEVA TIJUANA	TO: 4/4/2018
POSITION HELD: CHOFRER	SALARY: 1600 USD MONTH
INMEDIATE BOSS NAME: JESUS A. RAMIREZ	PHONE: 6643833430
REASON FOR LEAVING: ESTABA GANANDO MUY POCO	

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:	

REQUEST FOR EMPLOYMENT INFORMATION FROM PREVIOUS EMPLOYER

PREVIOUS EMPLOYER:

ADDRESS:

SECTION 1 PROSPECTIVE EMPLOYER:

MAIL: LEYDIC953@GMAIL.COM

TELEPHONE: 5414068075

SECTION 2 PROSPECTIVE EMPLOYEE:

PREVIOUS EMPLOYER NAME: ASOCIACION DE AGRICOLTORES DEL RIO SAN LORENZO

ADDRESS: DESIDERIO OCHOA NO. 34 CUALIACAN SINALOA

PROSPECTIVE EMPLOYEES NAME: ESPIRIDION IBARRA

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): 4/1/2024

TO (TERMINATION DATE): 4/1/2015

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 ACIDENTS 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: 9/19/2025

SIGNATURE:

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
<p align="center">DRUG AND ALCOHOL HISTORY</p> <p>IF DRIVER WAS NOT SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS WHILE EMPLOYED BY THIS EMPLOYER, PLEASE CHECK HERE <input type="checkbox"/> , FILL IN THE DATES OF EMPLOYMENT FROM <u>4/1/2024</u> TO <u>4/1/2015</u> COMPLETE BOTTOM OF PART 3. SIGN, AND RETURN.</p> <p>DRIVER WAS SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS FROM <u>4/1/2024</u> TO <u>4/1/2015</u></p> <ol style="list-style-type: none">HAS THIS PERSON HAD AN ALCOHOL TEST WITH THE RESULT OF 0.04 OR HIGHER ALCOHOL CONCENTRATION? YES <input type="checkbox"/> NO <input type="checkbox"/>HAS THIS PERSON TESTED POSITIVE OR ADULTERATED OR SUBSTITUTED A TEST SPECIMEN FOR CONTROLLED SUBSTANCES? YES <input type="checkbox"/> NO <input type="checkbox"/>HAS THIS PERSON REFUSED TO SUBMIT TO A POST-ACCIDENT, RANDOM, REASONABLE SUSPICION, OR FOLLOW-UP ALCOHOL OR CONTROLLED SUBSTANCE TEST? YES <input type="checkbox"/> NO <input type="checkbox"/>HAS THIS PERSON COMMITTED OTHER VIOLATIONS OF SUBPART B OF PART 382, OR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>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 <input type="checkbox"/> NO <input type="checkbox"/>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 <input type="checkbox"/> NO <input type="checkbox"/> <p>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.</p> <p>NAME: <u>ESPIRIDION IBARRA</u></p> <p>COMPANY: <u>ASOCIACION DE AGRICOLTORES DEL RIO SAN LORENZO</u></p> <p>ADDRESS: <u>DESIDERIO OCHOA NO. 34 CUALIACAN SINALOA</u></p> <p>TELEPHONE: <u>7265107</u></p> <p>PART 3 COMPLETED BY (SIGNATURE): _____ DATE: <u>9/19/2025</u></p>	

PART 4A:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>THIS FORM WAS (CHECK ONE) FAXED TO PREVIOUS EMPLOYER <input type="checkbox"/> MAILED <input type="checkbox"/> EMAILED <input type="checkbox"/> OTHER _____</p> <p>BY: _____ DATE: <u>CONTENT</u></p>	

PART 4B:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>COMPLETE BELOW WHEN INFORMATION IS OBTAINED.</p> <p>INFORMATION RECEIVED FROM: _____</p> <p>RECORDED BY: _____ METHOD: <input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> TELEPHONE</p> <p>DATE: _____ <input type="checkbox"/> OTHER: _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<p>PAGE 1 PART 1:PROSPECTIVE EMPLOYEE</p> <ul style="list-style-type: none">• COMPLETE THE INFORMATION REQUIRED IN THIS SECTION• SIGN AND DATE• SUBMIT TO THE PROSPECTIVE EMPLOYER <p>PAGE 2 PART 4A:PROSPECTIVE EMPLOYEE</p> <ul style="list-style-type: none">• COMPLETE THE INFORMATION• SEND TO PREVIOUS EMPLOYER <p>PAGE 1 PART 2:PREVIOUS EMPLOYER</p> <ul style="list-style-type: none">• COMPLETE THE INFORMATION REQUIRED IN THIS SECTION• SIGN AND DATE• TURN FORM OVER TO COMPLETE SIDE 2 SECTION 3
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<p>PAGE 2 PART 3:PREVIOUS EMPLOYER</p> <ul style="list-style-type: none">• COMPLETE THE INFORMATION REQUIRED IN THIS SECTION• SIGN AND DATE• RETURN TO PROSPECTIVE EMPLOYER <p>PAGE 2 PART 4B:PROSPECTIVE EMPLOYER</p> <ul style="list-style-type: none">• RECORD RECEIPT OF THE INFORMATION• RETAIN THE FORM
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REQUEST FOR DRIVING RECORD

ESPIRIDION IBARRA

(DRIVER'S NAME)

BCN0211685

(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

LEYDI TRUCKING

NAME OF MOTOR CARRIER

5414068075

PHONE NUMBER

FAX NUMBER

73625 SANTA ROSA WAY

MAILING ADDRESS

PALM DESERT

CITY

CALIFORNIA

STATE

92260

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	ESPIRIDION IBARRA	PHONE NUMBER	6673360555		
DRIVER'S ADDRESS	C SAN REMO PORTICOS DE SAN ANTONIO				
CITY	TIJUANA	STATE	BAJA CALIFORNIA	ZIP CODE	22666

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>
<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 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 ESPIRIDION IBARRA

SOCIAL SECURITY NO. _____

OPERATOR'S OR CHAUFFEUR'S LICENSE NO. BCN0211685 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)

LEYDI SARAI PASCACIO CHAVEZ - 73625 SANTA ROSA WAY APT 11, PALM DESERT, CALIFORNIA, 92260

(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))

IBARRA ESPIRIDION

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 checked="" 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 checked="" type="checkbox"/> VEHICLES 10,000 POUNDS TO 26,000 POUNDS GVWR | <input checked="" type="checkbox"/> TRAINED ON SAFE USE OF MIRRORS & BLIND SPOTS |
| <input checked="" type="checkbox"/> VEHICLES 26,001 POUNDS AND MORE GVWR | <input checked="" type="checkbox"/> STANDARD SHIFT TRANSMISSION |
| <input type="checkbox"/> PROPERLY HOOK UP A TRAILER | <input checked="" type="checkbox"/> AUTOMATIC TRANSMISSION ONLY |
| <input type="checkbox"/> SAFELY OPERATE A DUMP VEHICLE | <input checked="" 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

IBARRA

DATE

9/19/2025



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

INTERNAL INSTRUCTIONS:

DISPATCH DEPT:

EQUIPMENT DEPT:

ALL NEW HIRES MUST BE DIRECTED TO THE EQUIPMENT MANAGER, WITH THIS FORM, FOR
COMPLETION OF THE DRIVER PROFICIENCY PROCESS
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 **ESPIRIDION IBARRA ARMENTA** HEREBY PROVIDE CONSENT TO **LEYDI TRUCKING** TO CONDUCT A LIMITED QUERY OF THE FMCSA COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE **BCN0211685** TO DETERMINE WHETHER DRUG OR ALCOHOL VIOLATION INFORMATION ABOUT ME EXISTS IN THE CLEARINGHOUSE.

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

A handwritten signature in black ink, appearing to read "I. IBARRA", written over a horizontal line.

EMPLOYEE SIGNATURE

9/19/2025

DATE

CERTIFICATE OF RECEIPT OF LEYDI TRUCKING DRUG AND ALCOHOL POLICY FOR DOT REGULATED DRIVERS.

I CERTIFY THAT I AM IN RECEIPT OF, HAVE READ, AND DO UNDERSTAND **LEYDI TRUCKING** 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.

9/19/2025

DATE



DRIVER'S SIGNATURE

ESPIRIDION IBARRA ARMENTA

DRIVER'S PRINTED NAME