

**COMPANY** PACIFIC RUNNERS TRANSPORT INC

**STREET ADDRESS** 2350 OTAY CENTER DR

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

**NAME** DAVID ALVAREZ CORDERO

**DATE OF BIRTH** 3/3/1985

**SOCIAL SEC. NO.**

**TELEPHONE NUMBERS** 6194804740

**EMAIL** DA7456476@GMAIL.COM

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

**ADDRESS** ARROLLO DEL CAMPO PRIV DEGONIA #15047 INT 103, TIJUANA , BAJA CALIFORNIA, 22163

**HOW LONG?** 12 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	LFD00000406	B INT		4/8/2029

DRIVING				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE FROM TO		APPROXIMATE NUMBER OF MILES (TOTAL)
STRAIGHT TRUCK		4/13/2021	9/22/2025	200000
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 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? **YES - 2/2/2020**

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

**SUSPENSION POR COMPLICACIONES EN EL TRAMITE POR LA PANDEMIA**

**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:** BARRIL TRANSPORT LOGISTICS **FROM:** 6/20/2020

**ADDRESS:** AVE LA TROJE NO 9 COL GRANJAS FAMILIARES DEL MATAROMOS TIJUANA **TO:** 2/8/2023

**POSITION HELD:** CHOFER **SALARY:** 3200 USD MONTH

**INMEDIATE BOSS NAME:** CESAR DANIEL BELTRAN OROZCO **PHONE:** 6193273244

**REASON FOR LEAVING:** EN BUSCA DE UN MEJOR INGRESO

**NAME:** GRUAS MAX **FROM:** 6/10/2019

**ADDRESS:** CALLE 11 Y MADERO ZONA CENTRO **TO:** 6/10/2020

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

**INMEDIATE BOSS NAME:** MAX DARIO LOPEZ **PHONE:** 0000000000

**REASON FOR LEAVING:** EN BUSCA DE ESTABILIDAD

**NAME:** REFACCIONARIAS DEL VALLE SA DE CV **FROM:** 9/9/2005

**ADDRESS:** RIO ZUCHIATE COL CENTRO TIJUANA **TO:** 8/1/2017

**POSITION HELD:** GERENTE **SALARY:** 28000 MXN MONTH

**INMEDIATE BOSS NAME:** ERNESTO REYNOSO **PHONE:** 0000000000

**REASON FOR LEAVING:** EN BUSCA DE MEJORES OPCIONES

**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.

David  
MAYARZ

9/22/2025  
DATE

(APPLICANT'S SIGNATURE)

REQUEST FOR EMPLOYMENT INFORMATION FROM PREVIOUS EMPLOYER

**PREVIOUS EMPLOYER:**

**ADDRESS:**

**SECTION 1 PROSPECTIVE EMPLOYER:**

MAIL: FVAZQUEZ@PACIFICRUNNERSTRANSPORT.COM;  
C.CHABLE@PACIFICRUNNERSTRANSPORT.COM

TELEPHONE: 6197994991

**SECTION 2 PROSPECTIVE EMPLOYEE:**

PREVIOUS EMPLOYER NAME: BARRIL TRANSPORT LOGISTICS

ADDRESS: AVE LA TROJE NO 9 COL GRANJAS FAMILIARES DEL MATAROMOS TIJUANA

PROSPECTIVE EMPLOYEES NAME: DAVID ALVAREZ

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): 6/20/2020

TO (TERMINATION DATE): 2/8/2023

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? NO

2. WHAT KIND OF WORK DID THE APPLICANT DO?

3. DID THE APPLICANT DRIVE MOTOR VEHICLES FOR YOU? STRAIGHT TRUCK NO BUS NO TRACTOR-TRAILER NO

4. WAS THE APPLICANT SAFE AND EFFICIENT DRIVER? NO

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

6. REASON FOR LEAVING YOUR EMPLOY: DISCHARGED NO JOB ABANDONMENT NO RESIGNED NO

7. WAS THE APPLICANT'S GENERAL CONDUCT SATISFACTORY? NO

8. IS THE APPLICANT COMPETENT FOR THE POSITION SOUGHT? NO

9. DID THE APPLICANT DRINK ANY ALCOHOLIC BEVERAGE WHILE ON DUTY? NO

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

REMARKS: NO RESPONDIO LAS TRES LLAMADAS

REVIEWER NAME:

REVIEWER JOB POSITION:

DATE: 9/22/2025

SIGNATURE:

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
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>6/20/2020</u> TO <u>2/8/2023</u> COMPLETE BOTTOM OF PART 3. SIGN, AND RETURN.	
DRIVER WAS SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS FROM <u>6/20/2020</u> TO <u>2/8/2023</u>	
1. HAS THIS PERSON HAD AN ALCOHOL TEST WITH THE RESULT OF 0.04 OR HIGHER ALCOHOL CONCENTRATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2. HAS THIS PERSON TESTED POSITIVE OR ADULTERATED OR SUBSTITUTED A TEST SPECIMEN FOR CONTROLLED SUBSTANCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. 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 checked="" type="checkbox"/>	
4. HAS THIS PERSON COMMITTED OTHER VIOLATIONS OF SUBPART B OF PART 382, OR PART 40? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.	
<b>NAME:</b> DAVID ALVAREZ _____	
<b>COMPANY:</b> BARRIL TRANSPORT LOGISTICS _____	
<b>ADDRESS:</b> AVE LA TROJE NO 9 COL GRANJAS FAMILIARES DEL MATAROMOS TIJUANA _____	
<b>TELEPHONE:</b> 6193273244 _____	
<b>PART 3 COMPLETED BY (SIGNATURE):</b> _____ <b>DATE:</b> 9/22/2025 _____	

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

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

### INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- |  |
|--|
| <p><b>PAGE 1 PART 1:</b> PROSPECTIVE EMPLOYEE</p> <ul style="list-style-type: none"> <li>COMPLETE THE INFORMATION REQUIRED IN THIS SECTION</li> <li>SIGN AND DATE</li> <li>SUBMIT TO THE PROSPECTIVE EMPLOYER</li> </ul> <p><b>PAGE 2 PART 4A:</b> PROSPECTIVE EMPLOYEE</p> <ul style="list-style-type: none"> <li>COMPLETE THE INFORMATION</li> <li>SEND TO PREVIOUS EMPLOYER</li> </ul> <p><b>PAGE 1 PART 2:</b> PREVIOUS EMPLOYER</p> <ul style="list-style-type: none"> <li>COMPLETE THE INFORMATION REQUIRED IN THIS SECTION</li> <li>SIGN AND DATE</li> <li>TURN FORM OVER TO COMPLETE SIDE 2 SECTION 3</li> </ul> |
|--|

- |   |
|---|
| <p><b>PAGE 2 PART 3:</b> PREVIOUS EMPLOYER</p> <ul style="list-style-type: none"> <li>COMPLETE THE INFORMATION REQUIRED IN THIS SECTION</li> <li>SIGN AND DATE</li> <li>RETURN TO PROSPECTIVE EMPLOYER</li> </ul> <p><b>PAGE 2 PART 4B:</b> PROSPECTIVE EMPLOYER</p> <ul style="list-style-type: none"> <li>RECORD RECEIPT OF THE INFORMATION</li> <li>RETAIN THE FORM</li> </ul> |
|---|

**REQUEST FOR DRIVING RECORD**

DAVID ALVAREZ

(DRIVER'S NAME)

LFD00000406

(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

PACIFIC RUNNERS TRANSPORT INC

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

6197994991

\_\_\_\_\_  
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 DAVID ALVAREZ PHONE NUMBER 6194804740  
DRIVER'S ADDRESS ARROLLO DEL CAMPO PRIV DEGONIA  
CITY TIJUANA STATE BAJA CALIFORNIA ZIP CODE 22163

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

**TYPE OF EQUIPMENT USED IN GIVING THE ROAD TEST:** TRAILER 53 FEET

**DATE** 9/22/2025 **EXAMINER'S SIGNATURE** \_\_\_\_\_  
**EXAMINER'S TITLE** OWNER **EXAMINER'S PRINTED NAME** MARCO CAZARES

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 ALVAREZ

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

OPERATOR'S OR CHAUFFEUR'S LICENSE NO. LFD00000406 STATE BAJA CALIFORNIA

TYPE OF POWER UNIT TRACTOR TRUCK

TYPE OF TRAILER(S) TRAILER 53 FEET

IF PASSENGER CARRIER, TYPE OF BUS NO

THIS IS TO CERTIFY THAT THE ABOVE-NAMED DRIVER WAS GIVEN A ROAD TEST UNDER MY SUPERVISION ON 9/22/2025, CONSISTING OF APPROXIMATELY 15 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.

MARCO CAZARES

(SIGNATURE OF EXAMINER)

OWNER

(TITLE)

PACIFIC RUNNERS TRANSPORT INC - 2350 OTAY CENTER DR , 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))

ALVAREZ DAVID

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 SPOIS |
| <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

David  
ALVAREZ

DATE

9/22/2025



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 ALVAREZ CORDERO** HEREBY PROVIDE CONSENT TO **PACIFIC RUNNERS TRANSPORT INC** TO CONDUCT A LIMITED QUERY OF THE FMCSA COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE **LFD00000406** TO DETERMINE WHETHER DRUG OR ALCOHOL VIOLATION INFORMATION ABOUT ME EXISTS IN THE CLEARINGHOUSE.

I UNDERSTAND THAT IF THE LIMITED QUERY CONDUCTED BY **PACIFIC RUNNERS TRANSPORT 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 **PACIFIC RUNNERS TRANSPORT INC** TO CONDUCT A LIMITED QUERY OF THE CLEARINGHOUSE, **PACIFIC RUNNERS TRANSPORT 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.

David  
ALVAREZ

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EMPLOYEE SIGNATURE

9/22/2025

---

DATE

**CERTIFICATE OF RECEIPT OF PACIFIC RUNNERS TRANSPORT INC DRUG AND ALCOHOL POLICY FOR DOT REGULATED DRIVERS.**

I CERTIFY THAT I AM IN RECEIPT OF, HAVE READ, AND DO UNDERSTAND **PACIFIC RUNNERS TRANSPORT 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.

9/22/2025

DATE

David  
ALVAREZ

DRIVER'S SIGNATURE

DAVID ALVAREZ CORDERO

DRIVER'S PRINTED NAME