

**COMPANY** TOURISMO EXPRESS, INC

**STREET ADDRESS** 3020 EAST BEYER BLVD

**CITY, STATE AND ZIP CODE** SAN YSIDRO, CALIFORNIA, 92173

**NAME** EDUARDO SANTIAGO OCEGUEDA CUEN

**DATE OF BIRTH** 7/8/1991

**SOCIAL SEC. NO.**

**TELEPHONE NUMBERS** 6646421523

**EMAIL** EDDIOCEGUEDA8@GMAIL.COM

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

**ADDRESS** AV 18 MARZO #385 COL LAZARO CARDENAS, TIJUANA, BAJA CALIFORNIA, 22510

**HOW LONG?**

**ADDRESS** DE LA PRADDA #15920 72 FRACC NATURA, TIJUANA, BAJA CALIFORNIA, 22163

**HOW LONG?**

**ADDRESS** C DE LA PRADERA FRACC NATURA #15920 72 , TIJUANA , BAJA CALIFORNIA, 22163

**HOW LONG?** 4 AÑOS

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

DRIVER LICENSES				
STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE
BCN	LFD00056668	A, B		11/28/2029

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) (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> TOURISMO EXPRESS	<b>FROM:</b> 11/7/2024
<b>ADDRESS:</b> TIJUANA MX	<b>TO:</b> 6/27/2025
<b>POSITION HELD:</b> CHOFER	<b>SALARY:</b> 32000 MXN MONTH
<b>INMEDIATE BOSS NAME:</b> CARLOS NEGRETE	<b>PHONE:</b> 6642359784
<b>REASON FOR LEAVING:</b> INCAPACIDAD	
<b>NAME:</b> DAMARIS EXPRESS INC	<b>FROM:</b> 7/1/2023
<b>ADDRESS:</b> FRANCISCO MARQUEZ 16086 VALLE VISTA 1RA SECCION 22456	<b>TO:</b> 6/1/2024
<b>POSITION HELD:</b> CHOFER	<b>SALARY:</b> 40000 PESOS MONTH
<b>INMEDIATE BOSS NAME:</b> JAVIER BECERRA	<b>PHONE:</b> 6195195820
<b>REASON FOR LEAVING:</b> RECORTE DE PERSONAL	
<b>NAME:</b> MEXICOACH INC	<b>FROM:</b> 2/1/2023
<b>ADDRESS:</b> CENTRAL CAMIONERA DE TIJUANA	<b>TO:</b> 6/1/2023
<b>POSITION HELD:</b> CHOFER	<b>SALARY:</b> 20000 PESOS MONTH
<b>INMEDIATE BOSS NAME:</b> HECTOR FERNANDEZ	<b>PHONE:</b> 6196380735
<b>REASON FOR LEAVING:</b> MEJORAS	
<b>NAME:</b> TRANSPORTES AZUL Y BLANCO	<b>FROM:</b> 9/1/2018
<b>ADDRESS:</b> CALLE ART 123 195 ZONA CENTRO TIJUANA	<b>TO:</b> 1/1/2023
<b>POSITION HELD:</b> CHOFER	<b>SALARY:</b> 15000 PESOS MONTH
<b>INMEDIATE BOSS NAME:</b> GERARDO BUGARI	<b>PHONE:</b> 0000000000
<b>REASON FOR LEAVING:</b> SAQUE VISA	

**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.

11/24/2025

DATE



(APPLICANT'S SIGNATURE)

**EMPLOYMENT RECORD (ADDITIONAL JOBS):**

<b>NAME:</b> TRANSPORTES TIJUANA	<b>FROM:</b> 3/1/2016
<b>ADDRESS:</b> FRACCIONAMIENTO LOS ALTOS, TIJUANA BC	<b>TO:</b> 9/1/2018
<b>POSITION HELD:</b> CHOFER	<b>SALARY:</b> 10000 PESOS MONTH
<b>INMEDIATE BOSS NAME:</b> MARCO DE ALBA	<b>PHONE:</b> 0000000000
<b>REASON FOR LEAVING:</b> MEJORAS	
<b>NAME:</b> TRANSPORTES VERDE Y CREMA	<b>FROM:</b> 9/1/2011
<b>ADDRESS:</b> BLVD AGUA CALIENTE, TIJUANA BC	<b>TO:</b> 3/1/2016
<b>POSITION HELD:</b> CHOFER	<b>SALARY:</b> 8000 PESOS MONTH
<b>INMEDIATE BOSS NAME:</b> JOSE	<b>PHONE:</b> 0000000000
<b>REASON FOR LEAVING:</b> MEJOR TRABAJO	
<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>	
<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>	
<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>	
<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>	

REQUEST FOR EMPLOYMENT INFORMATION FROM PREVIOUS EMPLOYER

**PREVIOUS EMPLOYER:**

**ADDRESS:**

**SECTION 1 PROSPECTIVE EMPLOYER:**

MAIL: TOURISMOEXPRESS@GMAIL.COM

TELEPHONE: 6192538291

**SECTION 2 PROSPECTIVE EMPLOYEE:**

PREVIOUS EMPLOYER NAME: TOURISMO EXPRESS

ADDRESS: TIJUANA MX

PROSPECTIVE EMPLOYEES NAME: EDUARDO SANTIAGO OCEGUEDA

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): 11/7/2024

TO (TERMINATION DATE): 6/27/2025 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? YES

2. WHAT KIND OF WORK DID THE APPLICANT DO? CHOFER

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

4. WAS THE APPLICANT SAFE AND EFFICIENT DRIVER? YES

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

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

7. WAS THE APPLICANT'S GENERAL CONDUCT SATISFACTORY? YES

8. IS THE APPLICANT COMPETENT FOR THE POSITION SOUGHT? YES

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

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

REMARKS: PUNTUAL, RESPONSABLE Y CON BUENA CONDUCTA

REVIEWER NAME: JAVIER BECERRA

REVIEWER JOB POSITION: OWNER

DATE: 11/24/2025

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 11/7/2024 TO 6/27/2025 COMPLETE BOTTOM OF PART 3. SIGN, AND RETURN.

DRIVER WAS SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS FROM 11/7/2024 TO 6/27/2025

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:** EDUARDO SANTIAGO OCEGUEDA

**COMPANY:** TOURISMO EXPRESS

**ADDRESS:** TIJUANA MX

**TELEPHONE:** 6642359784

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

**DATE:** 11/24/2025

**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

EDUARDO SANTIAGO OCEGUEDA

(DRIVER'S NAME)

LFD00056668

(DRIVER'S OPERATORS LICENSE  
NUMBER)

(DRIVER'S SOCIAL SECURITY NUMBER)

**DEAR** PULL NOTICE

:

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 NEGRETE

PRINTED NAME OF PERSON MAKING THIS INQUIRY

MANAGER

TITLE OF PERSON MAKING THIS INQUIRY

TOURISMO EXPRESS, INC

NAME OF MOTOR CARRIER

6192538291

PHONE NUMBER

FAX NUMBER

3020 EAST BEYER BLVD

MAILING ADDRESS

SAN YSIDRO

CITY

CALIFORNIA

STATE

92173

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	EDUARDO SANTIAGO OCEGUEDA	PHONE NUMBER	6646421523
DRIVER'S ADDRESS	AV 18 MARZO		
CITY	TIJUANA	STATE	BAJA CALIFORNIA
		ZIP CODE	22510

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.

RATING OF PERFORMANCE TASK (AS REQUIRED BY 49 C.F.R. 391.31)

YES THE PRE-TRIP INSPECTION (AS REQUIRED BY 49 C.F.R. 392.7)

NO COUPLING AND UNCOUPLING OF COMBINATION UNITS, IF THE EQUIPMENT HE/SHE MAY DRIVE INCLUDES COMBINATION UNITS

YES PLACING THE COMMERCIAL MOTOR VEHICLE IN OPERATION

YES USE OF THE COMMERCIAL MOTOR VEHICLE'S CONTROLS AND EMERGENCY EQUIPMENT

YES OPERATING THE COMMERCIAL MOTOR VEHICLE IN TRAFFIC AND WHILE PASSING OTHER VEHICLES

YES TURNING THE COMMERCIAL MOTOR VEHICLE

YES BRAKING, AND SLOWING THE COMMERCIAL MOTOR VEHICLE BY MEANS OTHER THAN BRAKING

YES BACKING AND PARKING THE COMMERCIAL MOTOR VEHICLE

NO OTHER, PLEASE EXPLAIN: \_\_\_\_\_

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

**DATE** 11/24/2025

**EXAMINER'S SIGNATURE** \_\_\_\_\_

**EXAMINER'S TITLE** MANAGER

**EXAMINER'S PRINTED NAME** \_\_\_\_\_

CARLOS NEGRETE

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 EDUARDO SANTIAGO OCEGUEDA

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

OPERATOR'S OR CHAUFFEUR'S LICENSE NO. LFD00056668 STATE BAJA CALIFORNIA

TYPE OF POWER UNIT N/A

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

IF PASSENGER CARRIER, TYPE OF BUS YES

THIS IS TO CERTIFY THAT THE ABOVE-NAMED DRIVER WAS GIVEN A ROAD TEST UNDER MY SUPERVISION ON  
11/24/2025, CONSISTING OF APPROXIMATELY 9 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.

CARLOS NEGRETE

(SIGNATURE OF EXAMINER)

MANAGER

(TITLE)

TOURISMO EXPRESS, INC - 3020 EAST BEYER BLVD , SAN YSIDRO, CALIFORNIA, 92173

(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))

OCEGUEDA EDUARDO SANTIAGO

DRIVER'S NAME

HAS DEMONSTRATED TO ME

CARLOS NEGRETE - 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 DE PASAJEROS

EMPLOYEE SIGNATURE



DATE

11/24/2025



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 **EDUARDO SANTIAGO OCEGUEDA CUEN** HEREBY PROVIDE CONSENT TO **TOURISMO EXPRESS, INC** TO CONDUCT A LIMITED QUERY OF THE FMCSA COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE **LFD00056668** TO DETERMINE WHETHER DRUG OR ALCOHOL VIOLATION INFORMATION ABOUT ME EXISTS IN THE CLEARINGHOUSE.

I UNDERSTAND THAT IF THE LIMITED QUERY CONDUCTED BY **TOURISMO EXPRESS, 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 **TOURISMO EXPRESS, INC** TO CONDUCT A LIMITED QUERY OF THE CLEARINGHOUSE, **TOURISMO EXPRESS, 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.



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EMPLOYEE SIGNATURE

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11/24/2025  
DATE

## **CERTIFICATE OF RECEIPT OF TOURISMO EXPRESS, INC DRUG AND ALCOHOL POLICY FOR DOT REGULATED DRIVERS.**

I CERTIFY THAT I AM IN RECEIPT OF, HAVE READ, AND DO UNDERSTAND **TOURISMO EXPRESS, 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.

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11/24/2025

DATE



DRIVER'S SIGNATURE

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EDUARDO SANTIAGO OCEGUEDA CUEN

DRIVER'S PRINTED NAME