

COMPANY

CH GLOBAL LOGISTICS LLC

STREET ADDRESS

K AVE APT D

CITY, STATE AND ZIP CODE

NATIONAL CITY , CALIFORNIA, 91950

NAME

LUIS EDUARDO GUTIERREZ ZAZUETA

DATE OF BIRTH

1/1/1997

SOCIAL SEC. NO.

TELEPHONE NUMBERS

6648489814

EMAIL

EDUARDO.ZAZUETA97@GMAIL.COM

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

ADDRESS

CALLEJON AZTECA COL LA GLORIA POBLADO #228, TIJUANA , BAJA CALIFORNIA, 22645

HOW LONG?

8 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	BC202521065894	CHOFER C		1/1/2031

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 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: G GLOBAL	FROM: 11/14/2023
ADDRESS: BLVD BELLAS ARTES TIJUANA	TO: 7/1/2025
POSITION HELD: REVISOR DE MERCANCIA	SALARY: 18000 MXN MONTH
IMMEDIATE BOSS NAME: EFRAIN ROSALES	PHONE: 6646487331
REASON FOR LEAVING: RECORTE DE PERSONAL	
NAME: MISAEL MEZA	FROM: 3/15/2023
ADDRESS: BLVD BELLAS ARTES TIJUANA	TO: 11/1/2023
POSITION HELD: TRAMITADOR	SALARY: 16000 MXN MONTH
IMMEDIATE BOSS NAME: MISAEL MEZA	PHONE: 6642332841
REASON FOR LEAVING: EN BUSCA DE MEJORES OPORTUNIDADES	
NAME: ERC TRANSPORT	FROM: 6/15/2022
ADDRESS: LOPEZ PORTILLO COL NUEVA TIJUANA	TO: 3/1/2023
POSITION HELD: CHOFRER	SALARY: 18000 MXN MONTH
IMMEDIATE BOSS NAME: GUSTAVO RAMIREZ	PHONE: 6644404328
REASON FOR LEAVING: MOTIVOS PERSONABLES	
NAME: HEISEN ELECTRONICS	FROM: 9/1/2016
ADDRESS: BLVD LUCIO BLANCO COL LUCIO BLANCO ROSARITO BC	TO: 6/1/2022
POSITION HELD: ALMACENISTA	SALARY: 14000 MXN MONTH
IMMEDIATE BOSS NAME: PATRICIA NAVARRO	PHONE: 0000000000
REASON FOR LEAVING: EN BUSCA DE MEJORES OPORTUNIDADES	

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.

Luis Eduardo G

12/9/2025

DATE

(APPLICANT'S SIGNATURE)

REQUEST FOR EMPLOYMENT INFORMATION FROM PREVIOUS EMPLOYER

PREVIOUS EMPLOYER:

ADDRESS:

SECTION 1 PROSPECTIVE EMPLOYER:

MAIL: CHERRERA@CHGLOBALLOGISTICS.COM

TELEPHONE: 6648160767

SECTION 2 PROSPECTIVE EMPLOYEE:

PREVIOUS EMPLOYER NAME: G GLOBAL

ADDRESS: BLVD BELLAS ARTES TIJUANA

PROSPECTIVE EMPLOYEES NAME: LUIS EDUARDO GUTIERREZ

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): 11/14/2023

TO (TERMINATION DATE): 7/1/2025

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? CHOFRER

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 ACCIDENTS IN WHICH HE/SHE WAS INVOLVED. N/A

6. REASON FOR LEAVING YOUR EMPLOY: DISCHARGED NO JOB ABANDONMENT YES 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION WITH OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVING SKILL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: LA VERDAD ESA PERSONA ENTRO AQUÍ MANEJANDO PANEL Y NO LE PUEDO DAR REFERENCIAS YA QUE ME DEJÓ EL CAMIÓN CARGADO Y CON DOCUMENTOS ECHOS A SU NOMBRE QUE PORQUE LE SALIÓ UNA OPORTUNIDAD MEJOR Y NO QUISO Y CRUZAR LA CARGA.

REVIEWER NAME: GUSTAVO RAMIREZ

REVIEWER JOB POSITION: MANAGER

DATE: 12/9/2025

SIGNATURE:

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
<div style="text-align: center;">DRUG AND ALCOHOL HISTORY</div> <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>11/14/2023</u> TO <u>7/1/2025</u> COMPLETE BOTTOM OF PART 3. SIGN, AND RETURN.</p> <p>DRIVER WAS SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS FROM <u>11/14/2023</u> TO <u>7/1/2025</u></p> <ol style="list-style-type: none">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"/> <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>LUIS EDUARDO GUTIERREZ</u></p> <p>COMPANY: <u>G GLOBAL</u></p> <p>ADDRESS: <u>BLVD BELLAS ARTES TIJUANA</u></p> <p>TELEPHONE: <u>6646487331</u></p> <p>PART 3 COMPLETED BY (SIGNATURE): _____ DATE: <u>12/9/2025</u></p>	

PART 4A:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<div style="display: flex; justify-content: space-between;"><div>THIS FORM WAS (CHECK ONE)</div><div>FAXED TO PREVIOUS EMPLOYER <input type="checkbox"/></div><div>MAILED <input type="checkbox"/></div><div>EMAILED <input type="checkbox"/></div><div>OTHER _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>BY: _____</div><div>DATE: <u>CONTENT</u></div></div>	

PART 4B:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>COMPLETE BELOW WHEN INFORMATION IS OBTAINED.</p> <p>INFORMATION RECEIVED FROM: _____</p> <div style="display: flex; justify-content: space-between;"><div>RECORDED BY: _____ DATE: _____</div><div>METHOD: <input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER: _____</div></div>	

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

LUIS EDUARDO GUTIERREZ

(DRIVER'S NAME)

BC202521065894

(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

CH GLOBAL LOGISTICS LLC

NAME OF MOTOR CARRIER

6648160767

PHONE NUMBER

FAX NUMBER

K AVE APT D
MAILING ADDRESS

NATIONAL CITY
CITY

CALIFORNIA
STATE

91950
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	LUIS EDUARDO GUTIERREZ		PHONE NUMBER	6648489814		
DRIVER'S ADDRESS	CALLEJON AZTECA COL LA GLORIA POBLADO					
CITY	TIJUANA	STATE	BAJA CALIFORNIA		ZIP CODE	22645

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>NO</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>NO</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:

DATE	12/9/2025	EXAMINER'S SIGNATURE	
EXAMINER'S TITLE	OWNER	EXAMINER'S PRINTED NAME	CHRISTIAN HERRERA

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 LUIS EDUARDO GUTIERREZ

SOCIAL SECURITY NO. _____

OPERATOR'S OR CHAUFFEUR'S LICENSE NO. BC202521065894 STATE BAJA CALIFORNIA

TYPE OF POWER UNIT VAN

TYPE OF TRAILER(S) _____

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
12/9/2025, CONSISTING OF APPROXIMATELY 10 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.

CHRISTIAN HERRERA

(SIGNATURE OF EXAMINER)

OWNER

(TITLE)

CH GLOBAL LOGISTICS LLC - K AVE APT D 1934, NATIONAL CITY , CALIFORNIA, 91950

(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.

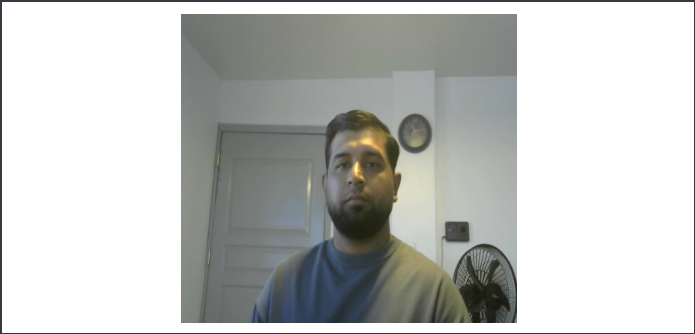
**DRIVER PROFICIENCY (CAC 13, 1229) AND
AUTHORIZED VEHICLES (CAC 12, 1234 (B))**

GUTIERREZ LUIS EDUARDO	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 checked="" type="checkbox"/> OTHER | <u>VAN</u> |

Luis Eduardo	DATE <u>12/9/2025</u>
EMPLOYEE SIGNATURE	



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 **LUIS EDUARDO GUTIERREZ ZAZUETA** HEREBY PROVIDE CONSENT TO **CH GLOBAL LOGISTICS LLC** TO CONDUCT A LIMITED QUERY OF THE FMCSA COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE **BC202521065894** TO DETERMINE WHETHER DRUG OR ALCOHOL VIOLATION INFORMATION ABOUT ME EXISTS IN THE CLEARINGHOUSE.

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

LUIS EDUARDO

EMPLOYEE SIGNATURE

DATE

CERTIFICATE OF RECEIPT OF CH GLOBAL LOGISTICS LLC DRUG AND ALCOHOL POLICY FOR DOT REGULATED DRIVERS.

I CERTIFY THAT I AM IN RECEIPT OF, HAVE READ, AND DO UNDERSTAND **CH GLOBAL LOGISTICS LLC** 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.

LUIS EDUARDO

12/9/2025

DATE

DRIVER'S SIGNATURE

LUIS EDUARDO GUTIERREZ ZAZUETA

DRIVER'S PRINTED NAME