P&R Trucking

3690 Sprig Drive, Benicia, CA 94510

Phone: (510) 839-1602

Fax: (510) 839-1497

NAME (FIRST)		(MIDDLE)	(Maide	(Maiden Name, if any)	(2)	(LAST)
ADDRESS (STREET)) (CITY)		(STATE & ZIP CODE)		HOW LONG?	?
DATE OF BIRTH	S00	SOCIAL SECURITY NO.			HIRE DATE	DATE
TELEPHONE NUMBER			E-MAIL ADDRESS	3S		
	70	PREVIOUS THREE	THREE YEARS RESIDENCY	NCY		
(STREET)	(СІТҮ)	3	(STAT	(STATE & ZIP CODE)	#YE	# YEARS
(STREET)	(CITY)	5	TATE	(STATE & ZID CODE)		YEARS
					17 #	# YEARS
(STREET)	(ATTA)	JACH SHEET IE MO	ORE SDACE IS N	(STATE & ZIP CODE)		
	(A)	(ATTACH SHEET IF MORE SPACE IS NEEDED)	ORE SPACE IS N	EEDED)		
LICENSE INFORMATION Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.	R states "No perso tify that I do not hav	LICENSE IN who operates a cover more than one m	LICENSE INFORMATION operates a commercial motor of than one motor vehicle license.	vehicle shall at a se, the informati	ny time have on for which	more than one is listed below
STATE	LICENSE NO			TYPE	EXPIRATION DATE	ON DATE
		DRIVING E	DRIVING EXPERIENCE			
CLASS OF EQUIPMENT	AT F	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.		DATES	TO	APPROX. NO. OF
STRAIGHT TRUCK						
TRACTOR AND SEMI-TRAILER	AILER					
TRACTOR - TWO TRAILERS	ERS					
OTHER						
ACCIDENT		RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE	R MORE (ATTA	CH SHEET IF M	ORE SPAC	E IS NEEDED)
DATES	NATU (HEAD-ON, REA	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER TC.) FATALITIES	BER N	NUMBER INJURIES	CHEMICAL SPILLS
						Sak
						YES
						YES
TRAFFIC CONVI	CTIONS AND FOI	CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)	THE PAST 3 YEA	RS (OTHER TH	AN PARKII	NG VIOLATION
DATE CONVICTED (month/year)	VIOLATION		STATE OF VIOLATION LOCATION	(forfeited	PENALTY bond, collateral	PENALTY (forfeited bond, collateral and/or points)
	(AT	(ATTACH SHEET IF MORE SPACE IS NEEDED)	VE OF MOE 19 MEE	נרכ)		

If yes, explain	B. Has any license, permit or privilege ever been suspended or revoked?
	YES
	NO NO

PRE-SCREENING DRIVER QUESTIONAIRE

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	PAVE	
700	5	
2000	DPPD	-
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Perion	Derion	
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- 2. Have you been an Owner Operator? How many years?
- Ω Tell about what type of truck you hauled for with your last employer.
- 4 How long have your been driving from your previous employer/ Motor CarrierCompany?
- 5. Do you have the experience working on your own truck?
- 6. If so, What type of maintenance have you done on your truck?
- 7. Do you know to adjust your own brakes or trailer brakes? Do you have your own tools?
- $\dot{\infty}$ If you were doing to Merced and your get a flat tire on your trailer or truck? What will you do?

- 9. Do you have a problem weighing light and heavy for each shipment?
-). Drop Weigh
- c. Certify Weigh

10. How flexible are you with different runs? Hours Flexible? Do you have any time conflict?

12. How can you tell if you are overloaded or overweight?	11. What type of initiative will you take on truck repairs?

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

		APPLICANT'S SIGNATURE	APPLIC/		DATE	
	wledge.	APPLICANT'S SIGNATURE true and complete to the best of my knowledge	APPLICA in it are true and co	and that all entries on it and information	DATE certifies that I completed this application, and that all	This cer
	lacy of all	ia i carinot agree on the acce	ious emproyer(s) an	nace maner, i are previ	information."	0
	ion to the	>-send the corrected informat	ous employers to re	employers and for those previous	Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information if the previous employers to re-send the corrected information to the	
	ted, for nt to:	se employer(s) will be contac	y be used, and thos .23(d) and (e). I un	and/or previous employers ma ry as required by 49 CFR 391	"Lunderstand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: Review information provided by current/previous employers:	"I unders the purp
		erview(s) may result in	y application or inte of the Company.	eading information given in m by all rules and regulations	In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.	In the ev
	elated nade only ers and	nal, employment, financial or medical history and other related (Generally, inquiries regarding medical history will be made only hereby release employers, schools, health care providers and information in connection with my application.	nent, financial or n inquiries regardir ase employers, sc on in connection v	ies to my personal, employn ment decision. (Generally, en extended.) I hereby relea ies and releasing informati	l authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made on if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.	author matters if and a other po
			APPLICANT	TO BE READ AND SIGNED BY APPLICANT	ТОВЕГ	
8 8	Yes Yes	ious employer? ect to alcohol and controlled	ployed by the previulated mode, subje	ulations(FMCSRs)while em sitive function in any DOT reg Part 40?	Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	Were yo Was the substan
		REASON.	DATES (MONTH/YEAR) AND REASON	INCLUDE DATES (MON	GAPS IN EMPLOYMENT MUST BE EXPLAINED.	GAPS
					REASONS FOR LEAVING	REASC
		SALARY		FROM	POSITION HELD	POSITI
		VE.	PHONE		ESS	ADDRESS
					LAST EMPLOYER: NAME	LAST E
8 8	Yes	ous employer? xt to alcohol and controlled	ployed by the previo	ulations(FMCSRs)while em itive function in any DOT regu Part 40?	Were you subject to the Federal Motor Carrier Safety Regulations(FMCSRs)while employed by the previous employer? Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	Were yo
		REASON.	DATES (MONTH/YEAR) AND REASON	INCLUDE DATES (MON	GAPS IN EMPLOYMENT MUST BE EXPLAINED.	GAPS
					REASONS FOR LEAVING	REASC
		SALARY	ТО	FROM	POSITION HELD	POSITI
		Æ	PHONE		ESS	ADDRESS
					LAST EMPLOYER: NAME	LAST E
8 8	Yes Yes	ous employer? :t to alcohol and controlled	ployed by the previo	ulations (FMCSRs) while em itive function in any DOT regu Part 40?	Were you subject to the Federal Motor Carrier Safety Regulations(FMCSRs)while employed by the previous employer? Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	Were yo Was the substan
		REASON.	DATES (MONTH/YEAR) AND REASON	INCLUDE DATES (MON	GAPS IN EMPLOYMENT MUST BE EXPLAINED.	GAPS
					REASONS FOR LEAVING	REASC
		SALARY	TO	FROM	POSITION HELD	POSITI
		ME .	PHONE		ESS	ADDRESS
					AGE EMPLOYED. NAME	LAO I

Motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

P&R Trucking, Inc.

3690 Sprig Drive, Benicia, CA 94510

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REGARDING BACKGROUND REPORTS FROM THE PSP Online Service IMPORTANT NOTICE

Lin connection with your application for work with P&R Trucking, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final Federal Motor Carrier Safety Administration (FMCSA). When the application for work is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to ("Prospective Employer"), Prospective

notify you that the action has been taken and that the action was based in part or in whole on this report.

adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will

FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of information When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you,

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below

- Program (PSP) system to seek information regarding my commercial driving safety record and information regarding previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release information may assist the Prospective Employer to make a determination regarding my suitability as an employee. inspection history. I understand that I am consenting to the release of safety performance information including crash data from the I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the P&R Trucking. Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening
- request to https://dataqs.fmcsa.dot.gov. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the Data Qs system to the appropriate State for adjudication. capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a
- report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver 4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or

	Date:	I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.
Signature		eports provided to me by Prospective my crash and inspection history. I I the information authorized above.
		Employer and I u ereby authorize
		Inderstand that Prospective
		if I sign this Employer
		and i
		ts at

Name (Please Print)

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

reports verifying your previous employment, previous drug & alcohol test results, and your driving record (including a report from the Federal Motor Carrier Safety Administration) may be obtained on you for employment purposes. These reports are required by Sections 382.40 (b)(1)(i-iii), 382.405 (f)(h), 382.413 (a)(b)(c)(d)(f), 391.23, and 391.25 of the Federal Motor Carrier Safety In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act. Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that

REQUEST / CONSENT FOR INFORMATION

This is in compliance with §382.405 (f) and (h), which state: (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request. An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent, §382.413 (a (b) (c) (d) (f) further state: (a) An employer may obtain, pursuant to a driver's previous employers, the consent, information on the driver's alcohol tests with a concentration result of a 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under §382.40 (b)(1)(f) through (iii), (c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer. (e) The prospective employer of any information under this part may take the form lof person interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

Section I: Completed by Prospective Owner / Operator

I, (Print Name)

Previous Employer: Last Name	Contact:
	Phone
	Fax
I authorize the above mentioned employer to release and forward the information in Section II - V of this form concerning verification of employment, my Controlled Substance and Alcohol Testing records and my driving records to the following prospective carrier:	action ${\rm II}$ - ${\sf V}$ of this form concerning verification of employment, lowing prospective carrier:
P&R Trucking, Inc. 36900 Sprig Drive, Suite B Benicia, CA 94510 Attention: Phone: Fax:	tion:MARIA TARANGO, SAFETY COMPLIANCE MANAGER e: (510) 839-1602 (510) 839-1497
Employee Signature	Date
Section II: Completed by Previous Employer Employment Verification	
The applicant named above was (or is) employed byorsub-contracted with us Job Title:From (m/y) Did he/she drive a motor vehicle for you? Yes \[\sqrt{No} \sqrt{\sqrt{If Yes, what type?}} \] Strai	_sub-contracted with us
Section III: Completed by Previous Employer Drug and Alcohol Testing Information	
 Has this person ever tested positive for a controlled substance in the last three years? 	yes NO
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years:	or greater in the last two years:
3. Has this person ever refused a required test for drugs or alcohol in the last three years?	ears?
4. Date of last drug and/or alcohol test: (ifapplicable)	
If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number fo	al) name, address and phone number for further reference. City, State, Zin:
Name	
Suece:	

Phone			
	FORM 103 pg. 2	Date:	Phone:

Section IV: Completed by Previous Employer Accident History

Date	Complete the following for any accidents included on your accident register, §390.15 (b), that involved the applicant in the 3 years prior to the application date shown on SIDE 1 or check here \square if there is no accident register data for this driver.	
	ved the applicant in the 3 er.	
Catalitias Insurat Cal	years prior to the	

3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	f. Controlled substances use while on duty, except as allowed under §382.213. 2. If this person violated a DT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program		s person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B or Part 382, including An alcohol test with a result of 0.04 or higher alcohol concentration.	٠,	If applicant was not subject to DOT testing requirements under 49 CFR Part 40while employed by you, pleasecheck here and return. Applicant was subject to DOT testing requirements from	Section V: Completed by Previous Employer Drug and Alcohol History		Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies.	3. 2	Date Location No. of Injuries No. of Fatalities Hazmat Spill	application date shown on SIDE 1 or check here 🗀 if there is no accident register data for this driver.
Section VI-b: Completed by Previous Employer / Carrier Complete section below received from previous employer. Previous Employer Name & Title: Date:	If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to betested? ection VI-b: Completed by Previous Employer / Carrier omplete section below received from previous employer. Date:	f. Controlled substances use while on duty, except as allowed under \$382.213. If this person violated a DT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If the rehabilitation was required but you do not know if he/she began or completed such a program, check here If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to betested? Completed by Previous Employer / Carrier omplete section below received from previous employer. Date: Date:	b. A controlled substances test result of positive, adulterated or substituted. c. A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. d. Alcohol use while performing or within 4 hours before performing safety-sensitive functions. e. Alcohol use after an accident, in violation of §382.303. f. Controlled substances use while on duty, except as allowed under §382.213. 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Date: Date: Date:	In answering these questions, include any required DOT drug or alcohol testing Information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1. Within the last 3 years from the application date shown on SIDE 1: 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B or Part 382, including a. An alcohol test with a result of 0.04 or higher alcohol concentration. b. A controlled substances test result of positive, adulterated or substituted. c. A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. d. Alcohol use while performing or within 4 hours before performing safety-sensitive functions. e. Alcohol use after an accident, in violation of \$382.203. f. Controlled substances use while on duty, except as allowed under \$382.213. g. 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Juently have an	ployers in the 3 years prior ncluding Yes No including Yes No ne began or quently have an	Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies. Section V: Completed by Previous Employer Brug and Alcohol History If applicant was not subject to DOT testing requirements under 49 CFR Part 40while employed by you, pleasecheck here	3.	Date Location No. of Injuries No. of Faralities Hazmat Spill
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Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies. Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies. Section V: Completed by Previous Employer Propard Alcohol History Propard Alcohol History If applicant was not subject to DOT testing requirements under 49 CFR Part 40while employed by you, please check here	Date Location No. of Injuries No. of Faralties Hazmat Spill
	If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to betested?	f. Controlled substances use while on duty, except as allowed under \$382.213. If this person violated a DT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If the rehabilitation was required but you do not know if he/she began or completed such a program, check here If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to betested?	b. A controlled substances test result of positive, adulterated or substituted. c. A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. d. Alcohol use while performing or within 4 hours before performing safety-sensitive functions. e. Alcohol use after an accident, in violation of \$382.303. f. Controlled substances use while on duty, except as allowed under \$382.213. If this person violated a DT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If the rehabilitation was required but you do not know if he/she began or completed such a program, check here If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to betested?	Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B or Part 382, including a. An alcohol test with a result of 0.04 or higher alcohol concentration. b. A controlled substances test result of positive, adulterated or substituted. c. A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. d. Alcohol use while performing or within 4 hours before performing safety-sensitive functions. e. Alcohol use after an accident, in violation of \$382.303. f. Controlled substances use while on duty, except as allowed under \$382.213. If this person violated a DT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If the rehabilitation was required but you do not know if he/she began or completed such a program, check here If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to betested?	In answering these questions, include any required DOT drug or alcohol testing Information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1. Within the last 3 years from the application date shown on SIDE 1: Yes NO 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B or Part 382, including a. An alcohol test with a result of 0.04 or higher alcohol concentration. b. A controlled substances test result of positive, adulterated or substituted. c. A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. d. Alcohol use while performing or within 4 hours before performing safety-sensitive functions. e. Alcohol use after an accident, in violation of \$382.303. f. Controlled substances use while on duty, except as allowed under \$382.213. f. Controlled substance Abuse Professional (SAP)? If the rehabilitation was required but you do not know if he/she began or completed such a program, check here 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to betested?	and return. Iployers in the 3 years prior Yes No Including	and return. Iployers in the 3 years prior Yes No including Or alcohol test. Or alcohol test. Juently have an	ployers in the 3 years prior yes NO including Yes NO or alcohol test. or alcohol test. or alcohol test.	Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies. Section V: Completed by Previous Employer Drug and Alcohol History If applicant was not subject to DOT testing requirements under 49 CFR Part 40while employed by you, please check here and return. Applicant was subject to DOT testing requirements from	3. Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies. Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies. Please provide information concerning any other company policies. Please provide information under internal company policies. Please provide information under internal company policies. Please provide information under internal company policies. It is person violated by Previous Employer Prug and Alcohol History Previous Employer If applicant was not subject to DOT testing requirements from	Date Location No. of Fijuries No. of Faialities Hazmat Spill

RECORD OF VIOLATIONS (391.27)

391.27(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, require its employees to prepare and furnish it with a list of all violations of motor vehicle traffic laws and or collateral on account of any violation which must be listed, he/she shall so certify. he/she has forfeited bond or collateral during the preceding 12 months. (b) Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of or forfeited bond ordinance (other than violations involving only parking) of which the driver has been convicted of on account

violations) for which I have been convicted or forfeited bond or collateral during the past 12 I certify that the following is a true and complete list of traffic violations (other than parking

Date of Conviction	Offense	Location	Types of Vehicles
Driver's Signature	ature	Print Name	Date
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.	ove, I certify that I have violation required to bo	not been convicted or e listed during the past	forfeited bond or 12 months.
Driver's Signature	ature	Print Name	Date
Company Name: P&R 7 Address: 3690 Benic	P&R Trucking, Inc. 3690 Sprig Drive, Suite B Benicia, CA 94510		
Reviewed By:		Title:	

part of the driver's qualification file. 391.27 (d) The motor carrier shall retain the list or certificate required by this section, or a copy of it, in its files as

TRUCK INFORMATION

TARE WEIGHT:FASTRAK #:	TARE WEIGHT:FASTRAK #:	TARE WEIGHT:	AXLES:	RIM TYPE:	TIRE SIZE:	ENGINE FAMILY #	VIN #:	LICENSE PLATE #:	COLOR:	YEAR:	MODEL:	RUCK MAKE:

P&R Trucking, Inc.

3690 Sprig Drive, Benicia, CA 94510

Phone: (510) 839-1602

Fax: (510) 839-1497

INSURANCE REQUIREMENTS

company policy. You can obtain your own insurance or you can sign-up for our competitively priced P&R Trucking requires all of our drivers to meet the following insurance requirements.

Our insurance requirements are:

Liability Limit: \$1,000,000

Uninsured Motorist: 60,000

€ 100,000 with \$1000 Deductible

Trailer Interchange: €3 25,000 with \$1,000 Deductible

Tractor Physical Damage: 6 35,000 with \$1000 Deductible

Certificate Holder: 3690 Sprig Drive, Suite B P&R Trucking, Inc.

Benicia, CA 94510

Additional Insured: 3690 Sprig Drive, Suite B Benicia, CA 94510 P&R Trucking, Inc.

"A little PR goes a long way!"